



United Casualty and Surety Insurance Company

1-800-829-2663
617-542-3232
617-542-3545 Fax

PERSONAL FINANCIAL STATEMENT

This statement and any applicable schedules may be completed jointly by married and unmarried applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis, otherwise separate statements and schedules are required.

Applicant is: Married Single Separated

If married, the financial statement is: Completed jointly with spouse Not completed jointly

Name and Address Statement of assets and liabilities as of _____, 19____ (Insert date, otherwise statement will be returned)

Table with columns ASSETS and LIABILITIES. Rows include Cash, Stocks, bonds, etc., Accounts receivable, Notes receivable, Inventory, Equipment, Home, Real estate, Personal property, IRA, Other Assets, TOTAL ASSETS, and TOTAL LIABILITIES.

Table with columns SOURCES ON INCOME FOR YEAR ENDED and OTHER LIABILITIES. Rows include Salary, bonuses & commissions, Dividends, Real estate income, Other income, TOTAL, Do you have contingent liabilities?, As endorser, co-maker or guarantor?, On leases or contracts?, Legal claims, Other special debt, Amount of contested income tax liens.

PERSONAL INFORMATION

Are any assets owned by a trust? Which? Are you a defendant in any suits or legal actions? Have you ever been declared bankrupt? If so, describe: Do you have a will? If so, name of executor: Are you a partner or officer in any other venture? If so, describe: Are any assets pledged other than as described on schedules? If so, describe: Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe: Income tax settled through (date): Personal bank accounts carried at:

REVERSE SIDE MUST BE COMPLETED

INSURANCE CARRIED

Fidelity Bonds on Officers & Employees

Life \$	General Liability \$
Property \$	Other \$

IF NOT SUFFICIENT SPACE, ATTACH SEPARATE SCHEDULES

A BANK DATA <i>(Attach Copy of Statements)</i>	Name and Location of Bank		Account Number	Amount of Deposit	In Whose Name	Owed to Bank	Date Due	
B STOCKS, BONDS, ETC. <i>(Attach Copy of Statements)</i>	Name of Security	No. Shares	Par Value	Market Value	In Whose Name Registered?	If Pledged, to Whom and for What Purpose?		
C ACCOUNTS RECEIVABLE AND PAYABLE	From Whom Due		Amount	Date Due	To Whom Due	Amount	Date Due	
D NOTES RECEIVABLE AND PAYABLE	From Whom Due		Amount	Date Due	To Whom Due	Amount	Date Due	
E INVENTORY	Description					Cost Price	Market Value	
F EQUIPMENT	Description		Cost Price	Depreciation Charged Off	Book Value	Encumbrance	Amount Payable Monthly	
G REAL ESTATE	Location and Description		In Whose Name is Title		Cost	Present Forced Sale Value	Amount of Mortgage	Name of Mortgagee
H OTHER ASSETS AND LIABILITIES	Description of Other Assets		Amount		Description of Other Liabilities		Amount	

The undersigned furnishes the foregoing as a true and accurate statement of the undersigned's financial condition as of the date given. United Casualty and Surety Insurance Company may furnish copies of the forgoing statement and any information which it has now or may hereinafter obtain, for the purposes of securing bonds, reinsurance or co-insurance.

Date signed _____, _____.

Signature _____ **Title** _____ **Spouse's Signature** _____

S.S. Number _____ Date of Birth _____ S.S. Number _____ Date of Birth _____