



**Business Insurance
Services, Inc.**

PERSONAL FINANCIAL STATEMENT

SECTION 1 - INDIVIDUAL INFORMATION (Type or Print)		SECTION 2- OTHER PARTY INFORMATION (Type or Print)	
Name		Name	
Residence Address		Residence Address	
City, State, Zip		City, State, Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State, Zip		City, State, Zip	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone

SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF _____, 20____			
ASSETS (Do not include Assets of doubtful value)	In Dollars (Omit Cents)	Liabilities	In Dollars (Omit Cents)
Cash on hand and in banks		Notes payable to banks – secured	
U.S. Gov't & Marketable Securities – see Schedule A		Notes payable to banks – unsecured	
Non-marketable Securities – see Schedule B		Due to brokers	
Securities held by broker in margin accounts		Amounts payable to others – secured	
Investment In Business		Amounts payable to others - unsecured	
Real Estate owned as personal residence See Schedule C		Accounts and bills due	
Real Estate owned for investment purposes See Schedule D (attached)		Unpaid income taxes and interest	
Loans receivable		Real estate owned as personal residence Mortgages payable – see Schedule C	
Automobiles and other personal property		Real estate owned for investment purposes mortgages payable – see Schedule D	
Cash value life insurance – see Schedule E		Credit card/revolving debt	
Value of Pension Assets		Other debts – itemized	
Other Assets			
		TOTAL LIABILITIES	
TOTAL ASSETS		NET WORTH = ASSETS – LIABILITIES	
		TOTAL LIABILITIES & NET WORTH	

SOURCES OF INCOME FOR YEAR ENDED _____ 20____	PERSONAL INFORMATION
Salary, bonuses & commissions \$	Do you have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, name of executor
Dividends	
Net real estate income	Are you a partner or officer in any other venture? If so describe
Other income (Alimony, child support, or separate maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	Are you obligated to pay alimony child support or separate maintenance payments? If so, describe
	Are any assets pledged other than as described on schedules? If so, describe
TOTAL \$	
CONTINGENT LIABILITIES	
Do you have any contingent liabilities? If so, describe	Income tax settled through (date) _____
	Are you a defendant in any suits or legal actions?
As endorser, co-maker or guarantor \$	Personal bank accounts carried at
On leases or contracts \$	
Legal claims \$	
Other special debt \$	Have you ever been declared bankrupt? If so, describe

Amount of contested income tax liens	\$	
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SCHEDULE A – U.S. GOVERNMENTS AND MARKETABLE SECURITIES

Number of Shares of Face Value (Bonds)	Description	In Name Of	Are These Pledged?	Market Value

SCHEDULE B – NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

SCHEDULE C – REAL ESTATE OWNED: A PERSONAL RESIDENCE

Address & Type Of Property	Title In Name Of	% Of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE D – REAL ESTATE OWNED FOR INVESTMENT PURPOSES (see attached)

SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F – BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name & Address of Lender	Credit In The Name Of	Secured Or Unsecured	Original Date	High Credit	Current Balance

The information contained in this statement is provided for the purpose of obtaining bonding through Business Insurance Services, Inc. (BIS) on behalf of the undersigned or persons, firms or corporations in whose behalf the undersigned. Each undersigned represents and warrants ***that the information provided is true and complete*** and that BIS may consider this statement as continuing to be true and correct until a written notice of a change is given to BIS by the undersigned. BIS is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. BIS is authorized to answer questions about its experience with me/us.

Signature (Individual) _____
 S.S. No. _____ Date of Birth _____
 Signature (Other party) _____
 S.S. No. _____ Date of Birth _____

Date Signed _____ 20_____