

NATIONAL SURETY SERVICES, INC.

PERSONAL FINANCIAL STATEMENT

(This Form Must be Signed & Dated)

PERSONAL FINANCIAL STATEMENT AS OF _____, 20_____			
Name of Applicant:		Social Security Number:	Date of Birth:
Name of Spouse:		Social Security Number:	Date of Birth:
Residence Address (Street, City, State, & Zip Code):		Home Phone Number (Including Area Code):	
ASSETS		LIABILITIES	
	Account Balance		Account Balance
Cash in Banks (Complete Schedule):	\$	Mortgages Payable (See Schedule):	\$
Cash - Retirement Accounts:	\$	Installment Accounts - Auto (See Schedule):	\$
Accounts Receivable (Complete Schedule):	\$	Loans Payable - Banks (Complete Schedule):	\$
Stocks/Bonds/Securities (Complete Schedule):	\$	Notes Payable (Complete Schedule):	\$
Real Estate - Residence (Complete Schedule):	\$	Accounts Payable (Complete Schedule):	\$
Real Estate - Investment/Other:	\$	Loans on Life Insurance (See Schedule):	\$
Cash Value Life Ins. (Complete Schedule):	\$	Taxes Payable:	\$
Automobiles - Present Value:	\$	Other Liabilities (Complete Schedule):	\$
Personal Property:	\$	TOTAL LIABILITIES:	\$
Other Assets (Complete Schedule):	\$	NET WORTH:	\$
TOTAL ASSETS:	\$	TOTAL NET WORTH & LIABILITIES:	\$
INCOME:	Salary: \$	Spouse's Salary: \$	TOTAL INCOME
	Bonus/Other: \$	Bonus/Other: \$	

SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES

(NOTE: All data listed above must appear in the appropriate schedules. Insert "None" where appropriate.)

CASH IN BANKS				
Bank Name, Number & Location		Account Number	Amount	
			\$	
			\$	
			\$	
NOTES & ACCOUNTS RECEIVABLE				
Name & Address of Debtor	Amount Due	Due Date	Pledged (Yes/No)	Security
	\$			
	\$			
	\$			
STOCKS / BONDS / SECURITIES				
Name & Number(s) of Instrument	# - Shares	Price/Share	Market Value	Exchange & Call
		\$	\$	
		\$	\$	
		\$	\$	

REAL ESTATE (Residence/Investment/Other)							
Location & Description	Year Acquired	Original Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lien Holder
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	

CASH VALUE ON LIFE INSURANCE				
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Current Loans
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

OTHER ASSETS				
Description	Title Holder	Original Cost	Market Value	Age
		\$	\$	
		\$	\$	
		\$	\$	

LOANS PAYABLE				
Name of Lender	Address	Balance Due	Due in 1 Year	Loan Security
		\$	\$	
		\$	\$	

ACCOUNTS & NOTES PAYABLE (Including Autos & Charge Accounts)				
Name of Lender	Original Amount	Current Balance	Monthly Payment	Loan Security
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

OTHER LIABILITIES					
Description	Payable to Whom	Amount	Mo. Pymt.	Due Date	Loan Security
		\$	\$		
		\$	\$		

- | | | | |
|--|------------------------------|-----------------------------|---|
| 1) Are you contingently liable or an endorser on any bonds or other obligations? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Explain all Yes answers on a separate sheet of paper |
| 2) Are you involved in any litigation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 3) Have you filed for Bankruptcy in the last 7 years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 4) Are you the beneficiary or acting as a Trustee or Executor of any Trust(s) or Estate(s) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

I/We hereby certify and declare that the above statement presents accurately my/our financial condition to the best of my/our knowledge. I/We hereby acknowledge that National Surety Services, Inc., and the sureties they represent will from time to time request personal credit reports to verify the stated debt, and to track our personal payment history.

By: _____ Date: _____ By: _____ Date: _____