



Personal Financial Statement

To induce COMPANY to become surety for the Undersigned, or to accept the Undersigned as Indemnitor, the Undersigned submits the following Personal Financial Statement.

NOTE: This form to be used ONLY as a Personal Financial Statement. NOT TO BE USED AS A BUSINESS STATEMENT

Personal Financial Statement of _____ S.S. # _____

(Name)

(Street Address, City, State, Zip)

Home Phone No. () - Bus. Phone No. () -

(Name of Wife/Husband)

As of _____, 20_____

(Date)

Current Assets		Current Liabilities	
Cash on Hand (not in bank)		Notes Payable to (Names and Addresses):	
Cash in following banks (Names & Addresses)	
.....		
.....		Sales Contracts & Chattel Mtgs (Schedule 6)	
.....		
Stocks and Bonds (Schedule 1)		Accounts Payable	
Accounts Receivable (Schedule 2)	
Notes Receivable (Schedule 3)		Current Portion of Long Term Debt	
Other Current Assets (Itemize) :		Other Current Liabilities (Schedule 6)	
.....		
.....		Current Year's Income Taxes Unpaid	
.....		Prior Year's Income Taxes Unpaid	
.....		Real Estate Taxes Unpaid	
Total Current Assets		Total Current Liabilities	



CONTRACTOR MANAGING GENERAL INSURANCE AGENCY, INC.

Fixed Assets		Long Term Liabilities	
Real Estate (Schedule 4)		Real Estate (Schedule 4)	
Residence		Residence	
.....		
Other		Other	
.....		
Cash Value of Life Insurance (Schedule 5)		Borrowed on Life Insurance (Schedule 5)	
.....			
...		Other Long Term Debt (Schedule 6)	
Other Assets and Investments (Schedule 6)		
.....		.	
...		
.....		...	
.....			
		Total Long Term Liabilities	
Total Fixed Assets		Net Worth	
Total Assets		Total Liabilities and Net Worth	

CONTINGENT LIABILITIES:

FOR ENDORSEMENTS OR GUARANTEES \$ _____ **FOR OTHER PURPOSES \$** _____
GIVE DETAILS: _____

CONTRACTOR MANAGING GENERAL INSURANCE AGENCY, INC.

SCHEDULES:

1. STOCKS AND BONDS

Name of Security	No. Shares	If any Pledged, State to Whom & For what Purpose	Dividends Paid Last TWO Years	Market Value	Book Value
Totals:					

2. ACCOUNTS RECEIVABLE

Name & Address (Street & City) From Whom Due	For What is it Due	When Sold	When Due	Amount
Total:				

3. NOTES RECEIVABLE

Name & Address (Street & City) From Whom Due	For What Due	How secured	Date	Maturity	Amount
Total:					

4. REAL ESTATE

Description / Address of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
Totals:							

5. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

6. DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES



CONTRACTOR MANAGING GENERAL INSURANCE AGENCY, INC.

Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish *Contractor Managing General Insurance Agency, Inc.* upon its request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

Signed & Sealed this _____ Day of _____, 20 ____

(Signature)

(Typed or Printed Name)

(Company Name)