



UNITED CASUALTY AND SURETY INSURANCE COMPANY
US Casualty and Surety Insurance Company
United Surety Insurance Company

303 Congress St., Suite 502
 Boston, MA 02210

Personal Financial Statement

Please Completed a Personal Financial Statement on ALL Owners

| | |
|--|-------|
| NAME: | DATE: |
| ADDRESS: | |
| PHONE NO.: | |
| BUSINESS OR OCCUPATION: | |
| PARTNER OR OFFICER IN ANY OTHER VENTURE? | |
| ARE ANY ASSETS PLEDGED? | |
| HAVE YOU EVER MADE A COMPOSITION SETTLEMENT OR TAKEN BANKRUPTCY? | |
| | |

For the purpose of procuring and maintaining credit from time to time in any form whatsoever with United Casualty and Surety Insurance Company "UCS" for claims and demands against the undersigned, the undersigned submits the following as being a true and accurate statement of its financial condition on the following date, and agree that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against it, the undersigned will immediately and without delay notify UCS, and unless UCS is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned as of the close of business _____, ____ 20___. Income from alimony, child support or maintenance payments need not be revealed if the undersigned does not choose to disclose such income in applying for credit.

ASSETS

LIABILITIES and NET WORTH

| | | | |
|---|-----------|---|-----------|
| Cash on Hand and in Banks (Schedule 1) | \$ | Notes Payable to Banks – Secured (Schedule 1) | \$ |
| U.S. Government Securities | \$ | Unsecured (Schedule 1) | \$ |
| Accounts, Loans and Notes Receivable (Schedule 2) | \$ | Notes Payable to Relatives | \$ |
| Notes Payable to Relatives | \$ | Accounts and Notes Payable to Others | \$ |
| Cash Surrender Value Life Insurance (Schedule 3) | \$ | Rents and Interest Due | \$ |
| Other Stocks and Bonds (Schedule 4) | \$ | Taxes Due (Schedule 5) | \$ |
| Real Estate (Schedule 5) | \$ | Liens on Real Estate (Schedule 5) | \$ |
| Automobiles – Number () | \$ | Other Liabilities – Itemize | \$ |
| Other Assets – Itemize | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | TOTAL LIABILITIES | \$ |
| | \$ | NET WORTH | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES AND NET WORTH | \$ |

INCOME

CONTINGENT LIABILITIES

| | | | |
|------------------------|-----------|-----------------------------------|----|
| Salary | \$ | As Endorser or Co-Marker | \$ |
| Bonus and Commissions | \$ | On Loans or Contracts | \$ |
| Dividends and Interest | \$ | Legal Claims | \$ |
| Real Estate Income | \$ | Provisions for Federal Income Tax | \$ |
| | | Other Special Debt | \$ |
| | | | |
| TOTAL INCOME | \$ | | |



Schedules

No. 1 Banking Relations. (A list of all my bank savings and loan accounts.)

| Name and Location | Cash Balance | Amount of Loan | Maturity of Loan | How Endorsed, Guaranteed or Secured |
|-------------------|--------------|----------------|------------------|-------------------------------------|
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |

No. 2 Business Ventures and Other Assets

| Name of Business | Type of Business | Yrs in Business | Net Worth | % Owned | Ownership Value (\$) |
|------------------|------------------|-----------------|-----------|---------|----------------------|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

No. 3 Accounts, Loans and Notes Receivable. (A list of the largest amounts owing to me.)

| Name and Address of Debtor | Amount Owing | Age of Debt | Description/Nature of Debt | Description of Security Held | Date Payment Expected |
|----------------------------|--------------|-------------|----------------------------|------------------------------|-----------------------|
| | \$ | | | | |
| | \$ | | | | |
| | \$ | | | | |
| | \$ | | | | |

No. 4 Life Insurance

| Name of Insured | Name of Beneficiary | Name of Insurance Co. | Type of Policy | Face Amt. of Policy | Total Cash Surrender Value | Total Loans Yearly Policy | Amt. of Yearly Premium | Is Policy Assigned? |
|-----------------|---------------------|-----------------------|----------------|---------------------|----------------------------|---------------------------|------------------------|---------------------|
| | | | | \$ | \$ | | \$ | |
| | | | | \$ | \$ | | \$ | |

No. 5 Other Stocks and Bonds

| Face Value Bonds No. Stock Shares | Description of Security | Registered in Name of: | Cost | Present Market Value | Income Received Last Year | If Pledged, State to whom |
|-----------------------------------|-------------------------|------------------------|------|----------------------|---------------------------|---------------------------|
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |

No. 6 Real Estate. The legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:

| Description or Street No. | Purchase Date? (YEAR): | Purchase Amount: | Gross Mortgage Amount: | Assessed Value | Present Market Value | Unpaid Taxes | |
|---------------------------|------------------------|------------------|------------------------|----------------|----------------------|--------------|------|
| | | | | | | Year | Amt. |
| | | \$ | \$ | \$ | \$ | | \$ |
| | | \$ | \$ | \$ | \$ | | \$ |
| | | \$ | \$ | \$ | \$ | | \$ |
| | | \$ | \$ | \$ | \$ | | \$ |

The undersigned certifies that the information inserted on both pages hereof has been carefully read and is true and correct.

Date: _____

By: _____