



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

292 Newbury Street, #105, Boston, MA 02115

Personal Financial Statement
Please Completed a Personal Financial Statement on ALL Owners

NAME:	DATE:
ADDRESS:	
PHONE NO.:	
NAME OF BANK:	
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 above named Bank, 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 the said Bank, and unless the Bank 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: _____