

PERSONAL FINANCIAL STATEMENT AS OF _____, 19____

Name of Individual:		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 (Include Area Code)	
ASSETS		LIABILITIES	
	Account Balance		Account Balance
Cash in Banks (Complete Schedule)	\$	Loans Payable - Banks (Complete Schedule)	\$
Notes Receivable (Complete Schedule)	\$	Notes Payable (Complete Schedule)	\$
Accounts Receivable (Complete Schedule)	\$	Accounts Payable (Complete Schedule)	\$
Stocks/Bonds/Securities (Complete Schedule)	\$	Taxes Payable	\$
Real Estate - Residence (Complete Schedule)	\$	Mortgages Payable (Complete Schedule)	\$
Real Estate - Investment/Other	\$	Other Liabilities (Complete Schedule)	\$
Cash Value Life Ins. (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				
Names&Number(s) of Instrument	No. of Shares	Price/Share	Market Value	Exchange & Call
		\$	\$	
		\$	\$	
		\$	\$	

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

CASH VALUE OF LIFE INSURANCE				
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Loans Outstanding
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

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

LOANS PAYABLE				
Name of Lender	Address	Balance Due	Due in 1 Year	How is it Secured
		\$	\$	
		\$	\$	
		\$	\$	

ACCOUNTS & NOTES PAYABLE (Including Charge Accounts)					
Payable to Whom	Address	Amount	Mo Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

OTHER LIABILITIES					
Description	Payable to Whom	Amount	Mo Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Are you contingently liable or an endorser on any bonds or other obligations? _____ YES _____ NO ** Explain all YES
 Are you involved in any litigation? _____ YES _____ NO answers on separate
 Have you filed for Bankruptcy in the last 7 years? _____ YES _____ NO sheet of paper**

I/We hereby certify and declare that the above statement presents accurately my financial condition to the best of my knowledge and belief and I/We hereby authorize and request any person, firm or corporation to furnish any information requested by American Insurance Agencies, Inc. concerning any transaction with the undersigned; and American Insurance Agencies, Inc. is authorized to obtain information to confirm this financial statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the sole purpose of securing suretyship, co-suretyship and/or reinsurance.

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