Bond No. _____

PERSONAL FINANCIAL STATEMENT AS OF _____

Name of Individual					Social Security No.		Age		
Spouse's Name					Social Security No.		Age		
Residence Address					Occupation				
ASSETS	*	COST BASIS	MARKET VALUE BASIS	LIABILITIES	*	TOTAL AMOUNT		MONTHLY PAYMENTS	
Cash in Bank	1			Loans Payable – Bank	7				
Notes Receivable	2			Note Payable	8				
Accounts Receivable	2			Accounts Payable	8				
Government Bonds/ Marketable Securities	3			Taxes Payable	9				
Real Estate-Homestead	4			Mortgages Payable	4				
Real Estate- Investments	4			Other Liabilities	10				
Cash Value Life Ins.	5								
Others Assets	6			TOTAL LIABILITIES					
Car-Household Furnishings				**NET WORTH				ssets (Cash s) - Liabilities	
TOTAL ASSETS				TOTAL LIABILITIES AND NET WORTH				Net Worth	
	5	alary					тот		
INCOME				Real Estate Income			101	AL INCOME	
	В	onus/Commission		Other					
			*SUPPLEME	NTARY SCHEDULES					
NC	DTE: All d	lata listed above mu	st appear on the approp	priate schedules. Insert "none" wh	ere appropr	iate. Designate if ov	vned joint	ly.	

Name, Branch and Location of Bank			Account Number				Amount	
2. NOTES AND ACCOUNTS RECEIVABLE	Ξ							
Names and Address of Debtor			Amount	Due Date		Security	Pledged To Whom	
3. BONDS AND MARKETABLE SECURIT	IES							
Name of Security			Exchange List	No. of Sh	No. of Shares Price Per Share		Total Market Value	
4. REAL ESTATE								
Location/Description	Year	Cost	Market	Monthly	Monthly Mortgage Payment Balance		Mortgage	
•	Acq'd		Value	Income			or Lien Holder	

5. CASH VALUE OF LIFE INSURANCE				
Name and Address of Company	Beneficiary	Face Value	Cash Value	Amount of Loans Against
6. OTHER ASSETS				
Description	Title Holder	Cost	Market Value	Age of Assets
7. LOANS PAYABLE				
Name of Lender	Address	Balance Due	Amount Due in One Year	How Secured?
8. ACCOUNTS AND NOTES PAYABLE (Including Chan	rge Accounts)			
Payable to Whom	Address	Amount	Date Payment as due	How Secured?
9. TAXES PAYABLE (State & Federal)				
Description	Amount	Date Payment is Due		
10. OTHER				
Location/Description	Payable to Whom	Amount	Date Payment is Due	How Secured?
		1		
Are you contingently liable or endorser on any bonds or other obligation	on? Yes* No	•		
Are you involved in any litigation?	nswers on separate	sheet of paper		
Have you filed for bankruptcy in the last 7 years?	Yes* No *E Yes* No	1	F-mate	r-r-
I hereby certify and declare that the above statement presents accura		v knowledge ar	d belief and I her	eby authorize and

I hereby certify and declare that the above statement presents accurately my financial condition to the best of my knowledge and belief and I hereby authorize and request any person, firm or corporation to furnish any information requested by TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, for itself and its affiliates, parents, and subsidiaries, individually, and collectively (hereinafter referred to as the Surety) concerning any transaction with the undersigned; and the said Surety 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 purpose of securing reinsurance or co-suretyship.

Witness

Signature

Witness

Signature