# Insurance Services, LLC

# PERSONAL FINANCIAL STATEMENT

Name:	SS:	DOB / /
Spouse:	SS:	DOB / /
Residence Address:	City:	State: Zip:
Previous Address:	City:	State: Zip:

The following is submitted for the purpose of procuring, establishing and maintaining credit with you on behalf of the undersigned or person, firms or corporations in whose behalf the undersigned may either severally or jointly with others execute a guaranty in your favor. The undersigned warrants that this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by the undersigned.

Assets	In Even Dollars			
Cash on hand and in banks				
Marketable Securities – see Schedule E				
Non-Marketable Securities – see Schedule E				
Securities held by broker in margin accounts				
Restricted or controlled stocks				
Partial Interest in Real Estate Equities-see Schedule D				
Real Estate Owned – See Schedule C				
Loans Receivable				
Automobiles and other personal property				
Cash Value - life insurance - see Schedule B				
Other Assets – itemize:				
Total Assets				

#### Completed as of \_\_\_\_ , 20 **Income**

#### taxes settled through what date?\_\_\_

# PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED

Liabilities	In Even Dollars
Notes Payable to Bank - secured	
Notes Payable to banks - unsecured	
Due to brokers	
Amounts payable to others - secured	
Amount payable to others - unsecured	
Accounts and bills due	
Unpaid Income Tax	
Other unpaid taxes and interest	
Real estate mortgages payable- see Schedule C	
Other debts - itemize	
Total Liabilities	
Net Worth	
Total Liab and Net Worth	

Annual Sources of Income		Personal Information			
Salary, bonus & commissions	\$	Do you have a will? Yes No			
Dividends	\$	If yes, name of executor.			
Real Estate Income	\$	Are you a partner or officer in any other venture?			
Other Income	\$				
	\$	Married Single Age			
	\$	Minor children			
Total	\$	Other Dependants			
Contingent Liabilities		General Information			
Do you have any contingent Liabilities? Yes No If yes give details:		Are any assets pledged?			
		Are you a defendant in any suits or legal actions?			
As endorser, co-maker or guarantor	\$				
On leases or contracts	\$	Personal Bank accounts carried at:			
Legal claims	\$				
Other special debt	\$	Have you ever taken bankruptcy? Explain:			
Amount of contested income tax liens	\$	Have any companies you were an officer of or partner in ever failed ort taken bankruptcy? Explain:			
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#### SCHEDULE A – U.S. GOVERNMENTS AND MARKETABLE SECURITIES

No of Shares or Face Value (Stocks/mutual funds/Bonds)	Description	In Name Of	Market Value

# SCHEDULE B – LIFE INSURANCE CARRIED, INCL. GROUP INSURANCE

Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans

# SCHEDULE C - REAL ESTATE OWNED

Description Of Property and	Date		Cost	Market Value	Mortgage	
Improvements	Acquired	The in Name of	Cost		Amount	Maturity

Location of Property	% of Ownership	Туре	Yr. Of Purchase	Cost ( C ) of Market ( M )	Mortgage	Value of Equity

# SCHEDULE D – PARTIAL INTERESTS IN REAL ESTATE EQUITIES

#### SCHEDULE E – NON-MARKETABLE SECURITIES

Description of Securities	No. of Shares Owned	Dated:	Book Value Per Financial Statement	No of Shares Outstanding	Total Value

#### SCHEDULE F – NAMES OF BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name	Date	High Credit	Owe Currently	Secured or Unsecured

The undersigned certifies that both sides hereof and the information inserted therein has been carefully read and is true, correct and complete. In addition, IFB Insurance Services, LLC and/or the surety they have submitted the account to, is hereby authorized to request from any credit reporting agency any information they may feel necessary in the course of their investigation.

DATE:

Signature: \_\_\_\_\_ Principal

Signature: \_\_\_\_\_\_ Spouse