

SURETY SPECIALTY GROUP INC
PO BOX 600962
JACKSONVILLE, FL 32260
PH: 904-230-1324 FAX: 904230-0921

Bond No. _____

PERSONAL FINANCIAL STATEMENT

(Name of Individuals and social security numbers)

Give full address _____

Statement of Assets and Liabilities as of _____

CURRENT ASSETS		CURRENT LIABILITIES	
WHAT DO YOU OWN?		WHAT DO YOU OWE?	
Cash on hand (NOT in bank)	\$ _____	Notes Payable, Bank (\$_____ Monthly)	Total ▶ \$ _____
Cash in following banks	_____	Notes Payable, Bank (\$_____ Monthly)	Total ▶ _____
.....	_____	Notes Payable, Other:	
.....	_____ (\$_____ Monthly)	Total ▶ _____
.....	_____ (\$_____ Monthly)	Total ▶ _____
.....	_____ (\$_____ Monthly)	Total ▶ _____
Stocks, Bonds and other securities listed	_____	Accounts Payable	_____
In Schedules "A" (Attach copy of latest	_____	Credit Cards.....	_____
broker statement)	_____	Taxes	_____
Notes Receivable	_____	Other Current Liabilities:	_____
Other current assets:	_____	_____
Cash Value Life Ins. (not face value)	_____	_____
.....	_____	_____
.....	_____	Total Current Liabilities:	\$ _____
Total Quick Assets	\$ _____		
		DEFERRED LIABILITIES	
		Auto Loans (\$_____ Monthly)	Total ▶ _____
		Schedule "B"	_____
		Mortgages on Real Estate (\$_____ Monthly)	Total ▶ _____
		Schedule "C"	_____
		Other Debts maturing in a year or more.	_____
		_____
		_____
		_____
		Total Liabilities	\$ _____
FIXED ASSETS			
Autos (complete schedule "B")	_____		
Furniture and Fixtures	_____		
Real Estate (complete schedule "C").....	_____		
Homestead.....	_____		
Investment.....	_____		
Business.....	_____		
Other Fixed Assets:	_____		
.....	_____		
.....	_____		
.....	_____		
Long Term Receivables	_____		
.....	_____		
Total Fixed Assets	\$ _____	Total of all Assets	_____
		Total Liabilities	(_____)
Total of all Assets	\$ _____	Total Net Worth	\$ _____
		Total of All Liabilities & Net Worth	\$ _____

COMPLETE APPLICABLE SCHEDULES ON REVERSE SIDE

