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Personal Financial Statement

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						
Other Assets	6			TOTAL LIABILITIES:			
Car-Household Furnishings				**NET WORTH:			**Assets (Cash Basis) - Liabilities
TOTAL ASSETS:				TOTAL LIABILITIES AND NET WORTH:			Net Worth

INCOME

Salary: _____ Real Estate Income: _____ Bonus / Commission: _____ Other: _____
TOTAL INCOME: _____

***SUPPLEMENTARY SCHEDULES**

NOTE: All data listed above must appear on the appropriate schedules. Insert "none" where appropriate. Designate if owned jointly.

1. CASH IN BANK

Name, Branch and Location of Bank	Account Number	Amount

2. NOTES AND ACCOUNTS RECEIVABLE

Names and Address of Debtor	Amount	Due Date	Security	Pledged to Whom

3. BONDS AND MARKETABLE SECURITIES

Name of Security	Exchange List	No. of Shares	Price Per Share	Total Market Value

4. REAL ESTATE

Location / Description	Year Acq'd	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage 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 PAYABLE (Including Charge Accounts)

Payable to Whom	Address	Amount	Date Payment as Due	How Secured

9. TAXES PAYABLE (State & Federal)

Description	Amount	Date Payment as Due

10. OTHER LIABILITIES

Location / Description	Payable to Whom	Amount	Date Payment as Due	How Secured

Are you contingently liable or endorser on any bonds or other obligation? Yes* No

Are you involved in any litigation? Yes* No

Have you filed for bankruptcy in the last 7 years? Yes* No

Yes* No

Yes* No

Yes* No

*Explain all YES answers on separate sheet of paper

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 and person, firm or corporation to furnish and information requested by WESTERN NATIONAL MUTUAL INSURANCE COMPANY, 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: