



**Elite Total Insurance Services**  
 CA Broker Agency/ Agency Lic. #0G11138  
 444 Pearl Street, Ste. C2 Monterey, CA 93940  
 Phone: (866) 979-3548 ~ Fax: (866) 689-5040  
 www.EliteBondService.com

## Personal Financial Statement

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more for voting stock, or (4) any person or entity providing a guaranty on the loan.

Name: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Residence Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Residence Phone: ( ) \_\_\_\_\_

Business Name of Applicant/Borrower: \_\_\_\_\_

<b>ASSETS</b>		<b>LIABILITIES</b>	
	(Omit Cents)		(Omit Cents)
Cash on hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments	\$ _____
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments	\$ _____
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile – Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
		Net Worth	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>Total</b>	<b>\$ _____</b>

<b>Section 1: Source of Income</b>		<b>Contingent Liabilities</b>	
Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	_____	Legal Claims & Judgments	\$ _____
Real Estate Income	_____	Provision for Federal Income Tax	\$ _____
Other Income (Describe below)*	_____	Other Special Debts	\$ _____

**Description of Other Income in Section 1.**

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Section 2. Notes Payable to Bank and Others.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

**Section 3. Stocks and Bonds.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
		\$	\$		
		\$	\$		
		\$	\$		

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Name of Mortgage Holder			
Mortgage Balance	\$	\$	\$
Amount of Payment per Month/Year	\$	\$	\$

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lienholder(s), amount of lien, terms of payment, and if delinquent, describe delinquency).

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities** (Describe in detail)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries)

I authorize ELITE TOTAL INSURANCE SERVICES/ELITGROUP INC. to make inquires as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 19 U.S.C. 1001).

Signature:	Date:	Social Sec. Number:
Spouse's Signature:	Date:	Spouse's Social Sec. Number:
Print Name:		