



HMS Insurance Associates, Inc.
10751 Falls Road, Suite 256
Brooklandville, Maryland 21022
Phone: 410-337-9755 Fax: 410-337-0551

To induce Company to become surety for the Undersigned, or to accept
 The Undersigned as Indemnitor, the Undersigned submits the following Financial Statement

PERSONAL FINANCIAL STATEMENT

NOTE: This form to be used for Personal Financial Statements only. **NOT TO BE USED FOR BUSINESS STATEMENTS.**

Personal financial statement of _____ SS. No. _____
 (Name)

 (Street Address, City, State, Zip)

Home Phone: _____ Bus. Phone: _____

 Name of Spouse SS No. _____

As Of _____, 20_____
 (Date)

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank)	_____	Notes payable to (names and addresses):	
Cash in following banks (names and addresses):	_____	_____
.....	_____	_____
.....	_____	Sales Contracts & Chattel Mtgs. (Sch. 6)	_____
Stocks and bonds (Schedule 1)	_____	_____
Accounts receivable (Schedule 2)	_____	Accounts payable	_____
Notes receivable (Schedule 3)	_____	_____
Other current assets (itemize):	_____	Current portion of long term debt	_____
.....	_____	Other current liabilities (Schedule 6)	_____
.....	_____	_____
.....	_____	Current Year's Income Taxes Unpaid	_____
.....	_____	Prior Year's Income Taxes Unpaid.	_____
.....	_____	Real Estate Taxes Unpaid	_____
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
FIXED ASSETS		LONG TERM LIABILITIES	
Real estate (Schedule 4):		Real estate debt (Schedule 4):	
Residence	_____	Residence	_____
Other	_____	Other	_____
Cash value of life insurance (Schedule 5)	_____	Borrowed on life insurance (Schedule 5)	_____
.....	_____	_____
Other assets and investments (Schedule 6)	_____	Other long term debt (Schedule 6)	_____
.....	_____	_____
.....	_____	_____
.....	_____	_____
TOTAL ASSETS		TOTAL LONG TERM LIABILITIES	
		TOTAL LIABILITIES & NET WORTH	

CONTINGENT LIABILITIES
 FOR ENDORSEMENTS OR GUARANTEES \$ _____ FOR OTHER PURPOSES \$ _____
 GIVE DETAILS _____

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledged, State to Whom And for What Purpose	Dividends Paid Last Two Years	Market Value	Book Value
TOTALS				\$	\$

2. ACCOUNTS RECEIVABLE

Name and Address (Street and City) From Whom Due	For What is it Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE

TOTAL					\$

4. REAL ESTATE

Description of Property	Title in Name Of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
TOTALS			\$	\$	\$	\$	\$

5. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

SCHEDULE 6 DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES

SIGNED AND SEALED THIS _____ DAY OF _____ 20_____

(Signature)

(Signature)