

Maloney & Associates Insurance Services

435 West Grand Avenue • Escondido, CA 92025
 Phone: (760) 738-2610 Fax: (760) 738-6855

Personal Financial Statement

| | |
|--|------------------------|
| Name | Social Security Number |
| Spouse's Name | Social Security Number |
| Home Address | Home Phone Number |
| Business Name | Business Phone Number |
| Has a Trust been established? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Name of Trust: | Name(s) of Trustee(s): |

FINANCIAL CONDITION AS OF: _____

Notes A, B, C, D, E & F on next page.

| ASSETS | | |
|--------|------------------------------|----|
| | Cash on Hand | \$ |
| A | Cash in Bank(s) | \$ |
| B | Marketable Securities | \$ |
| | IRA / Pension Plan's | \$ |
| | Cash Value Life Insurance | \$ |
| | Income Tax Refund | \$ |
| C | Accounts Receivable | \$ |
| D | Notes Receivable (current) | \$ |
| E | Other Assets (current) | \$ |
| | Total Current Assets | \$ |
| | Residence | \$ |
| F | Other Real Estate | \$ |
| | Business Real Estate | \$ |
| | Investment in Business Firm | \$ |
| | Autos / Boats / Planes | \$ |
| | Equipment | \$ |
| D | Notes Receivable (long-term) | \$ |
| E | Other Assets (long-term) | \$ |
| | Total Assets | \$ |

| LIABILITIES | | |
|-------------|--------------------------------------|----|
| C | Accounts Payable | \$ |
| D | Notes Payable (current) | \$ |
| | Taxes Payable / Reserves | \$ |
| E | Other Liabilities (current) | \$ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total Current Liabilities | \$ |
| | Mortgage - Residence | \$ |
| F | Mortgage - Other Real Estate | \$ |
| | Mortgage - Business Real Estate | \$ |
| D | Notes Payable (long-term) | \$ |
| | Taxes Payable / Reserves | \$ |
| E | Other Liabilities (long-term) | \$ |
| | Total Liabilities | \$ |
| | Net Worth | \$ |
| | Total Liabilities / Net Worth | \$ |

The undersigned hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining surety credit as of the date indicated and is true, complete and correct. I understand that Maloney & Associates Insurance Services and the surety companies which they represent will rely on this statement of my financial condition in order to extend to me and/or my company surety credit. Maloney & Associates Insurance Services and the surety companies which they represent are authorized to make any investigation of my credit or employment status either directly or through any agency employed by Maloney & Associates and/or the surety companies which they represent for that purpose. I agree to inform Maloney & Associates Services immediately of any matter which will cause any significant change in my personal or my company's financial condition.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

Note A - Cash in Bank(s)

| Name of Bank | Amount of Deposit | Checking, Savings, CD's? | Restricted? |
|--------------|-------------------|--------------------------|-------------|
| | | | |
| | | | |
| | | | |

Note B - Marketable Securities

| Name of Security | # of Shares | Par Value | Market Value | In Whose Name Registered? | Pledged? |
|------------------|-------------|-----------|--------------|---------------------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

Note C - Accounts Receivable & Payable

| From Whom Due | Amount | Date Due | To Whom Due | Amount | Date Due |
|---------------|--------|----------|-------------|--------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Note D - Notes Receivable & Payable

| From Whom Due | Amount | Date Due | To Whom Due | Amount | Date Due |
|---------------|--------|----------|-------------|--------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Note E - Other Assets & Liabilities

| Description of Other Assets | Amount | Description of Other Liabilities | Amount |
|-----------------------------|--------|----------------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Note F - Other Real Estate

| Address & Type of Property | % Owned | Cost | Market Value | Mortgage Owed | Mo. Income |
|----------------------------|---------|------|--------------|---------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Life Insurance

| | | |
|----------|---------|--------------|
| Insured: | Amount: | Beneficiary: |
| Insured: | Amount: | Beneficiary: |