

## PERSONAL FINANCIAL STATEMENT AS OF : \_\_\_\_\_

Name of Individual	Soc	Social Security Number			Date of Birth					
Name of Spouse	Soc	Social Security Number			Date of Birth					
Residential Address (Street, City,	State, Zip Code)		Home Phone Number (Including Area			Area Code)				
ASSETS				LIABILITIES						
Cash in Banks:	Banks:			Loans Payable (Banks):						
Notes Receivable:			Notes Payable:							
Accounts Receivable:			Accounts Payable:							
Stocks/Bonds/Securities:			Taxes Payable:							
Real Estate (Residence):			Mortgages Payable:							
Real Estate (Investment/Other):			Other Liabilitie			ilities:				
Cash Value Life Insurance:										
Personal Property:			TOTAL LIABILITIES:							
Other Assets:			NET WORTH:							
TOTAL ASSETS:			TOTAL NET WORTH & LIABILITIES:							
INCOME Salary: \$		Spouse's Salary: \$ TOTAL IN					COME:			
Bonus/Other: \$ Bonus/Other: \$ \$ SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES										
(NOTE: All data listed above must appear in the appropriate schedules. Insert "NONE" where appropriate.)										
CASH IN BANKS										
Bank Name, Branch & Location			Account Number				Amount			
NOTES & ACCOUNTS RECEIVABLE										
Name & Address of Debtor		Amount		Due Date		Pledged (yes/no)		Security		
STOCKS/BONDS/SECURITIES										
Name & Number(s) of Stock, Bond or Security		No. of Shares		Price/Share Mark		ket Value Exch		ange & Call Sign		

REAL ESTATE											
Location/Description Year Acquire			Cos	t	Market Value	Monthly Income		onthly Morto yment Bala			Mortgage or Lienholder
CASH VALUE OF LIFE	INSURAI	NCE									
Name of Insurance Company	Beneficiary		Face Value		Cash Value			Loans Outstanding			
OTHER ASSETS											
Description	Description Title Holder		Cost			Market Value			Age of Asset		
LOANS PAYABLE											
		A	Address Bala				unt Due in ne Year		How Secured		
ACCOUNTS & NOTES F	PAYABLI	 E (Includ	ina Ch	arge	Accoui	nts)					
Payable to Whom		Address			mount	Monthly Payment		Due Date		How Secured	
TAXES PAYABLE (State	e & Fede	ral)								]	
Description				Amount			Date Payment is Due				
OTHER LIABILITIES           Description         Payable to Whom         An					ount Monthly			Due Date			
Description Pay				Amo	ount	Pavment				HO	w Secured

Are you contingently liable or an endorser on any bonds or other obligations? Are you involved in any litigation? YES\* NO Have you filed for bankruptcy in the last 7 years? YES\* \* Explain all "YES" answers on a separate sheet of paper. 

I/We hereby certify and declare that the above statements presents accurately my/our financial condition to the best of my/our knowledge and belief and I/we hereby authorize and request any person, firm or corporation requested by Delmarva Underwriters, Ltd. concerning any transaction with the undersigned; and Delmarva Underwriters, Ltd. 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 sole purpose of securing suretyship, cosuretyship and/or reinsurance.

By: \_\_\_\_\_