



**HMS Insurance Associates, Inc.**  
**20 Wight Avenue, Suite 300**  
**Hunt Valley, Maryland 21030**  
**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: \_\_\_\_\_

\_\_\_\_\_  
 SS No. \_\_\_\_\_  
 Name of Spouse

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 payable . . . . .	_____
Accounts receivable (Schedule 2) . . . . .	_____	Current portion of long term debt . . . . .	_____
Notes receivable (Schedule 3) . . . . .	_____	Other current liabilities (Schedule 6) . . . . .	_____
Other current assets (itemize):	_____	.....	_____
.....	_____	.....	_____
.....	_____	Current Year's Income Taxes Unpaid . . . . .	_____
.....	_____	Prior Year's Income Taxes Unpaid. . . . .	_____
.....	_____	Real Estate Taxes Unpaid . . . . .	_____
<b>TOTAL CURRENT ASSETS</b>		<b>TOTAL CURRENT LIABILITIES</b>	
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) . . . . .	_____
.....	_____	.....	_____
.....	_____	.....	_____
.....	_____	.....	_____
.....	_____	<b>TOTAL LONG TERM LIABILITIES</b>	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES &amp; NET WORTH</b>	

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
<b>TOTALS</b>				\$	\$

**2. ACCOUNTS RECEIVABLE**

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

**3. NOTES RECEIVABLE**

<b>TOTAL</b>					\$

**4. REAL ESTATE**

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

**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**

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SIGNED AND SEALED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)