



**A.I.G. Associated Insurance Group**  
**150 Weldon Pkwy.**  
**Maryland Heights, Mo 63043**  
**P:314-432-1818 F:314-432-3100**

**FINANCIAL STATEMENT**

This statement and any applicable schedules may be completed jointly by married and unmarried applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate statements and schedules are required.

Applicant is:  Married  Single  Separated

If married, the financial statement is:  Completed jointly with spouse  Not completed jointly

Name and address	Statement of assets and liabilities as of _____ (Insert date, otherwise statement will be returned)
	<input type="checkbox"/> Individual <input type="checkbox"/> Co-Partnership <input type="checkbox"/> Corporation

ASSETS	(Sch)	LIABILITIES	(Sch)
Cash	A	Due to banks	A
Stocks, bonds, etc.	B	Credit cards	C
Accounts receivable	C	Taxes	\$
Notes receivable	D	Accounts payable	C
Inventory	E	Notes payable	D
Equipment	F	Due on equipment	F
Home	G	Due on real estate	G
Real estate	G	Other liabilities	H
Personal property	\$	<b>TOTAL LIABILITIES</b>	\$
IRA	B	Capital stock (if any)	\$
Other Assets	H	Retained earnings	\$
	\$	Total stockholders equity	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>NET WORTH</b>	<b>\$</b>

SOURCES OF INCOME FOR YEAR ENDED	OTHER LIABILITIES
Salary, bonuses & commissions \$	Do you have any contingent liabilities? If so, describe: <i>(Lawsuits, Indemnification, etc. )</i>
Dividends \$	
Real estate income \$	
Other income <i>(Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for bonding)</i> \$	As endorser, co-maker or guarantor? \$
\$	On leases or contracts? \$
\$	Legal claims <i>(Judgements, etc. )</i> \$
\$	Other special debt \$
<b>TOTAL</b> \$	Amount of contested income tax liens \$

**PERSONAL INFORMATION**

Are any assets owned by a trust? Which?	Are you a defendant in any suits or legal actions?
Do you have a will? _____ If so, name of executor:	Have you ever been declared bankrupt? If so, describe:
Are you a partner or officer in any other venture? If so, describe:	Are any assets pledged other than as described on schedules? If so, describe:
Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe:	Income tax settled through (date):
	Personal bank accounts carried at:

**NEXT PAGE MUST BE COMPLETED**

UndFSTM.01-WA030394

**INSURANCE CARRIED**

Fidelity Bonds on Officers & Employees

Life \$	General Liability \$
Property \$	Other \$

**IF NOT SUFFICIENT SPACE, ATTACH SEPARATE SCHEDULES**

<b>A</b>  BANK DATA <small>(Attach Copy of Statements)</small>	Name and Location of Bank	Account Number	Amount of Deposit	In Whose Name	Owed to Bank	Date Due

<b>B</b>  STOCKS, BONDS, ETC. <small>(Attach Copy of Statements)</small>	Name of Security	No. Shares	Par Value	Market Value	In Whose Name Registered	If Pledged, to Whom and for What Purpose

<b>C</b>  ACCOUNTS RECEIVABLE AND PAYABLE	From Whom Due	Amount	Date Due	To Whom Due	Amount	Date Due

<b>D</b>  NOTES RECEIVABLE AND PAYABLE	From Whom Due	Amount	Date Due	To Whom Due	Amount	Date Due

<b>E</b>  INVENTORY	Description	Cost Price	Market Value

<b>F</b>  EQUIPMENT	Description	Cost Price	Depreciation Charged Off	Book Value	Encumbrance	Amount Payable Monthly

<b>G</b>  REAL ESTATE	Location and Description	In Whose Name Is Title	Cost	Present Forced Sale Value	Amount of Mortgage	Name of Mortgagee

<b>H</b>  OTHER ASSETS AND LIABILITIES	Description of Other Assets	Amount	Description of Other Liabilities	Amount

The undersigned furnishes the foregoing as a true and accurate statement of the undersigned's financial condition as of the date given. Contractors Bonding and Insurance Company may furnish copies of the foregoing statement and any information which it has now or may hereinafter obtain, for the purposes of securing bonds, reinsurance or co-insurance.

Date Signed \_\_\_\_\_.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Spouse's Signature \_\_\_\_\_

S.S. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_