



Personal Financial Statement

In order to get a snapshot of your personal financial strength, you can either complete the form below or get a personal financial form from your bank/CPA. Either way is acceptable.

PERSONAL INFORMATION

Full Name: _____
 Date of Birth: _____ SSN: _____
 Spouse Name: _____
 Date of Birth: _____ SSN: _____
 Address: _____

 Home Phone: _____ Cell Phone: _____

STATEMENT OF FINANCIAL CONDITION

Assets:	In Dollars (omit cents)	Liabilities	In Dollars (omit cents)
Cash in Primary Bank:	\$ _____	Unsecured Debt: (Sch. G)	\$ _____
Cash & CD's in Other Banks: (Sch. A)	\$ _____	Current Bills Due:	\$ _____
Stock Bonds & Marketable Securities: (Sch. B)	\$ _____	Real Estate Mortgages: (Sch. C)	\$ _____
Real Estate Owned: (Sch. C)	\$ _____	Secured Debt: (Sch. H) (Other than real estate)	\$ _____
Cash Surrender: (Sch. D)	\$ _____	Taxes Payable:	\$ _____
Business Ventures: (Sch. E)	\$ _____	Other Debts & Liabilities: (Specify below)	
Notes Receivable: (Sch. F)	\$ _____		\$ _____
Personal Property: (Jewelry, coins, etc.)	\$ _____		\$ _____
Automobiles, RV's Boats:	\$ _____		\$ _____
Other Assets: (Specify below)	\$ _____		
	\$ _____	TOTAL LIABILITIES:	\$ _____
	\$ _____	TOTAL NET WORTH	\$ _____
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES & NET WORTH:	\$ _____

SCHEDULE C: RESIDENCE AND OTHER REAL ESTATE

Address:	Title in Name of:	% Owned:	Year Acquired:	Cost:	Market Value:	Monthly Payment:	Mortgage Balance:	Year Matures:
		%		\$	\$	\$	\$	
		%		\$	\$	\$	\$	
		%		\$	\$	\$	\$	
		%		\$	\$	\$	\$	
		%		\$	\$	\$	\$	

SCHEDULE D: LIFE INSURANCE

Insurance Company:	Owner of Policy:	Name of Insured:	Beneficiary and Relationship:	Face Amount:	Policy Loans:	Cash Surrender:
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

SCHEDULE E: BUSINESS VENTURES & OTHER ASSETS

Name of Business:	Type of Business:	Years in Business:	Net Worth:	% Owned:	Value of your Ownership: (Net Worth x % Owned)
			\$	%	\$
			\$	%	\$
			\$	%	\$

SCHEDULE F: NOTES RECEIVABLE

Due From:	Due Date:	Description:	Monthly Payment:	Amount Owed:
			\$	\$
			\$	\$
			\$	\$

SCHEDULE G: SECURED & UNSECURED DEBT

Name of Creditor:	Description of Debt:	Type of Debt:	Maturity Date:	Monthly Payment:	Amount Owed:
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$	\$
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$	\$
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$	\$
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$	\$
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$	\$
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$	\$
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$	\$
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$	\$
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$	\$

The undersigned acknowledges and understands that Starke Agency, Inc. and its affiliated insurance companies are relying on the information provided herein in deciding to grant or continue credit or to accept a surety thereof. The undersigned represents, warrants, and certifies that the information provided herein is true, correct and complete. Starke Agency, Inc. and its affiliated insurance companies are authorized to make all inquiries necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. The undersigned authorizes Starke Agency, Inc. to answer questions about our credit experience with the undersigned.

This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.

Signature: _____ **Date signed:** _____
Printed Name: _____
Title: _____
Company: _____