

***Sun Surety***  
***Insurance Company***

21 Main Street  
 Rapid City, S.D. 57701  
 Phone: 605-348-1000 / Fax 605-348-0778

DATED: \_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT**

**Personal Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip, Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

**Agency Information:**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip, Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Please do not leave any questions unanswered. Use "no" or "none" where necessary.

<i>Assets</i>	<i>In Even Dollars</i>	<i>Liabilities and Net Worth</i>	<i>In Even Dollars</i>
Cash on hand and in Banks	\$	Notes or Loans Payable: Total From Schedule A	\$
Stocks and Bonds-Total From Schedule B		Real Estate Mortgages Payable Total From Schedule C	
Real Estate Owned-Total From Schedule C		Unpaid Taxes: Total From Schedule D	
Cash Value Life Insurance—Total Schedule E		Life Insurance Loans- Total From Sched. E	
IRA or Other Retirement Accounts—Total From Schedule F		Other Liabilities: Total From Schedule G	
Other Assets: Itemize on Separate Sheet			
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$

<i>Sources of Income</i>	<i>In Even Dollars</i>	<i>General Information</i>
Salary	\$	Employer
Bonus and Commissions		Position / Profession
Dividends		Employer's Address
Real Estate Income		Years at Position or Profession
*Other Income: Itemize		Phone Number of Business
<b>TOTAL</b>	\$	Partner, officer or owner in any other venture? If so, explain:
*Alimony or child support need not be disclosed unless relied upon as a basis for extension of credit.		Are you current with filing your income taxes?

<i>Contingent Liabilities</i>	<i>In Even Dollars</i>	<i>General Information (continued)</i>
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action?
On leases		Have you ever filed bankruptcy?
Legal claims		Do you have a will?
Other special debt (explain)		Do you have a trust?
<b>TOTAL</b>	\$	Number of dependents (Ages)

**Schedule A: Banks, Finance Companies, Credit Unions and Others.**

Names of all the institutions and others at which you have outstanding loans or notes payable.

<i>Name and Address of Institution or Person</i>	<i>Original Balance</i>	<i>Current Amount owing</i>	<i>Payment Amount</i>	<i>Frequency of Payments</i>	<i>If Secured, Type of Collateral</i>
<b>TOTAL</b>					

**Schedule B: Stocks and Bonds (Attach additional sheets if necessary)**

<i>Number of Shares</i>	<i>Name of Securities</i>	<i>Cost</i>	<i>Current Market Value</i>	<i>Total Value</i>
<b>TOTAL</b>				

**Schedule C: Real Estate Owned (Attach additional sheets if necessary)**

	<i>Property # 1</i>	<i>Property # 2</i>	<i>Property # 3</i>
Name & Address of Mortgage Holder			
Address of Property			
Type of Property			
Date Purchased			
Mortgage Balance			
Monthly Payment			
Original Cost			
Current Market Value			

**Schedule D: Unpaid Taxes.** Describe the type, to whom payable, amount, and when due.

<i>Name of Institution</i>	<i>Type of Tax</i>	<i>Amount Owed</i>
<b>TOTAL</b>		

**Schedule E: Life Insurance Carried**

<i>Name of Company</i>	<i>Face Amount</i>	<i>Cash Surrender Value</i>	<i>Loans</i>	<i>Beneficiary</i>
<b>TOTAL</b>				

**Schedule F: IRA or Other Retirement Accounts**

<i>Type of Account</i>	<i>Current Balance</i>
<b>TOTAL</b>	

**Schedule G: Other Liabilities**

<i>Name of Institution or Individual</i>	<i>Type of Liability</i>	<i>Amount Owed</i>
<b>TOTAL</b>		

I/we have carefully read and submitted the foregoing information provided on all the pages of this statement. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify you of said change(s), and unless so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we give authorization to make whatever credit inquiries Sun Surety Insurance Company deems necessary to verify the information contained in this financial statement is true and accurate.

<i>Applicant's Signature</i>	<i>Date Signed</i>	<i>Social Security No.</i>	<i>Date of Birth</i>

<i>Spouse's or Co-Applicant's Signature</i>	<i>Date Signed</i>	<i>Social Security No.</i>	<i>Date of Birth</i>

If further explanations concerning the above information is needed, please provide that information on additional sheets of paper and attach them to this financial statement.