

PINNACLE SURETY & INSURANCE SERVICES

PERSONAL FINANCIAL STATEMENT AS OF: _____, 20_____

Name of Individual		Social Security Number		Date of Birth			
Name of Spouse		Social Security Number		Date of Birth			
Residence Address (Street, City, State, Zip Code)			Home Phone Number (Include Area Code)				
ASSETS			LIABILITIES				
Cash in Banks		Loans Payable (Banks):					
Notes Receivable:		Notes Payable:					
Accounts Receivable:		Accounts Payable:					
Stocks/Bonds/Securities:		Mortgages Payable(Residence):					
Real Estate(Residence):		Mortgages Payable(Investment):					
Real Estate(Investment):							
Cash Value Life Ins.:							
Personal Property:		TOTAL LIABILITIES:					
Other Areas		NET WORTH:					
TOTAL ASSETS:		TOTAL NET WORTH & LIABILITIES:					
INCOME:		Spouse's Salary: \$		TOTAL INCOME:			
Salary: \$		Bonus/Other: \$		\$			
Spouse's Salary: \$		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		Balance	Amount Due	Due Date	Security		
STOCKS/BONDS/SECURITIES							
Name & number(s) of Stock, Bond or Security		No. of Shares	Price/Share	Mrket Value	Exg & Call Sign		
REAL ESTATE							
Location/Description	Year Acquired	Cost	Mrket Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Holder

PINNACLE SURETY & INSURANCE SERVICES

CASH VALUE OF LIFE INSURANCE					
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Loans Outstanding	
OTHER ASSETS					
Description	Title Holder	Cost	Market Value	Age of Asset	
LOANS PAYABLE					
Name of Lender	Address	Balance Due	Amount Due in One Year	How Secured	
ACCOUNTS & NOTES PAYABLE (Including Charge Accounts)					
Payable to Whom	Address	Amount	Monthly Payment	Due Date	How Secured
TAXES PAYABLE (State & Federal)					
Description	Amount	Date Payment is Due			
OTHER LIABILITIES					
Description	Payable to Whom	Amount	Monthly Payment	Due Date	How Secured

Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish Pinnacle Surety & Insurance Services upon its request, with any information concerning or pertaining to the undersigned's and spouses financial standing, credit, or manner of meeting obligations. A copy of this agreement shall be considered the same as the original. This authorization to remain in force until rescinded by the applicant in writing.

I/We hereby certify and declare that the above statement 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 Pinnacle Surety Services, Inc., concerning any transaction with the undersigned; and Pinnacle Surety Services, Inc. is authorized to obtain information to confirm this financial statement and may furnish copies of the forgoing statement and any information which it now has or may hereafter obtain to other companies for the sole purpose of securing suretyship, co-suretyship and/or reinsurance.

By: _____ Date: _____

By: _____ Date: _____