



ROCHE SURETY AND CASUALTY CO., INC.
 4107 N. Himes Avenue • 2nd Floor • Tampa, FL 33607
 (813) 623-5042 • (800) 789-3899 • Fax (813) 623-5939

PERSONAL FINANCIAL STATEMENT

To induce Roche Surety And Casualty Co., Inc. to become surety for the Undersigned, or to accept the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement.

**NOTE: THIS FORM TO BE USED FOR PERSONAL FINANCIAL STATEMENT ONLY.
 NOT TO BE USED FOR BUSINESS STATEMENTS.**

Name: _____ Social Security No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Wife/Husband: _____ Home Phone No. (_____) _____ Bus. Phone No. (_____) _____

PERSONAL FINANCIAL STATEMENT AS OF (Date) _____, 20 _____

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. (Schedule 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 (Itemized)			
		Current Year's Income Taxes Unpaid	
		Prior Year's Income Taxes Unpaid	
		Real Estate Taxes Unpaid	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
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)	
		TOTAL LONG TERM LIABILITIES	
TOTAL FIXED ASSETS		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

Contingent Liabilities
 For Endorsements or Guarantees: \$ _____ For Other Purposes: \$ _____

Give Details: _____

SCHEDULE 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
TOTALS			\$	\$	\$

SCHEDULE 2: ACCOUNTS RECEIVABLE

Name and Address (Street and City) From Whom Due	For What Due	When Sold	When Due	Amount
TOTAL			\$	\$

SCHEDULE 3: NOTES RECEIVABLE

Name and Address (Street and City) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL				\$	\$

SCHEDULE 4: REAL ESTATE

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

SCHEDULE 5: LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount
Borrowed						

SCHEDULE 6: GIVE DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES

Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish **Roche Surety And Casualty Co., Inc.** upon its request with any information concerning the above statement or pertaining to the Undersigned’s financial standing, credit or manner of meeting obligations.

Signed and Sealed this _____ day of _____, 20 _____

Signature of Applicant: _____

Notary: _____ (Seal)