

## **WORLD WIDE BONDING AGENCY**

2846 WILLIAM STREET, BUFFALO, NEW YORK 14227 PH 888-681-7685 FAX 716-681-7683 www.wwbagency.com

PERSONAL FINANCIAL STATEMENT

	(Na	me)							
	(Street Address,	City, State, ZIP)							
FINANCIAL CONDITION AS OF	,	, 20							
ASSETS	AMT(S) ONLY	LIABILITIES	AMT(S) ONLY						
Cash on Hand Cash in following Banks (name & address):		NOTES PAYABLE TO BANKS							
		name & address):							
STOCKS AND BONDS		OTHER NOTES AND ACCOUNTS PAYABLE							
Listed (Schedule 1)		Real Estate Loans (Schedule 4)							
Unlisted (Schedule 1)		Sales Contracts & Sec. Agreements (Schedule 5)							
REAL ESTATE		Loans on Life Insurance Policies (Schedule 6)							
Improved (Schedule 4)		TAXES PAYABLE							
Unimproved (Schedule 4)		Current Year Income Taxes Unpaid							
Trust Deeds & Mortgages (Schedule 3)		Prior Year Income Taxes Unpaid							
		Real Estate Taxes Unpaid							
LIFE INSURANCE									
Cast Surrender Value (Schedule 6)		OTHER LIABILITIES							
ACCOUNTS AND NOTES RECEIVABLE		Unpaid Interest							
Relatives and Friends (Schedule 2/3)		Other (Itemize)							
Other (Schedule 2/3)									
Doubtful (Schedule 2/3)									
		TOTAL LIABILITIES							
OTHER PERSONAL PROPERTY									
Automobile (Schedule 5)		NET WORTH							
Other (Itemize, Schedule 5)									
TOTAL		TOTAL							
ANNUAL INCOME	(Refer to Federal Income Tax Returns for Previous Year)	ANNUAL EXPENDITURES	(Refer to Federal Income Tax Returns for Previous Year)						
SALARY OR WAGES		PROPERTY TAXES AND ASSESSMENTS							
DIVIDENDS AND INTEREST		FEDERAL AND STATE INCOME TAXES							
RENTALS (GROSS)		REAL ESTATE LOAN PAYMENTS							
BUSINESS OR PROFESSIONAL INCOME (NET)		PAYMENTS ON CONTRACTS & OTHER NOTES							
OTHER INCOME (DESCRIBE)		INSURANCE PREMIUMS							
· ,		ESTIMATED LIVING EXPENSES							
		OTHER							
TOTAL INCOME		TOTAL INCOME							
To assist the Surety in its evaluation of the above State	ment, I hereby certify that all r	naterial facts relating to the following conditions are set forth in	the attached exhibit(s)						
incorporated herein by reference: Contingent liabilities as									
-	• •	e or hypothecation of assets \$	_;						
Legal Claims \$; Tax L	iens \$								
		<u>(S)</u>							

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Name of Security		No. Shares		If any pledged, State to \ and for What Purpos			Whom Divide		ridends Paid st Two Years			Market Value		
		Jilaies			at i ui	P000		Last	. ***	- Jul 3				
											TOTAL	\$		
			2. A	CCOL	UNTS RECEIV	'ABI	E							
Name and Address (atrest	and aitu) Fram	Whom Duo			For What Is				1,0	Vhen S	Sold Wh	en Due		Amount
Name and Address (street and city) From Whom Due				1 Of What is	II Due			V	VIICII	Sola VVII	en Due		Amount	
											٦	ΓΟΤΑL	\$	
			3.	NOT	ES RECEIVA	BLE								
Name and Address (street	and city) From	Whom Due	Fo	or What	t Due		How S	Secured	Da	Date Matu		urity Amount		Amount
											7	ΓΟΤΑL	\$	
				4 R	REAL ESTATE	:							,	
Description of Descri	-t.		Title in	itle in							Amount N		Monthly Month	
Description of Prope	пу	1	Name Of			rket Value		Cost	Enc	umbra	ance	Paym	ents	Incom
					TOT	AL L	\$		\$			\$		\$
				5.	EQUIPMENT									
Description and Capacity of Items		Age of	ge of tem Market Value			Cost		Encumbrance			Monthly Paymer			
		Kom												
						ТОТА	L \$			\$				\$
			6. LIFE	INSUI	RANCE – CAS	SH V	ALUE							
Name of Company Policy Numb		mber Na	me of Insured	e of Insured Beneficiary		F	ace Value		Cash Value			Amou	nt Borrowed	
							+							
maker of the foregoing on statement.	or accompan	ying stateme	nt hereby autl	horize	s the company	to c	onfirm	the bank l	balance	s cla	imed an	nd all of	ther it	ems comp
- Commont														
						_								
						Da	ited							, 20