



203 West Millbrook Road - Raleigh, North Carolina 27609

FINANCIAL STATEMENT

This statement and any applicable schedules may be completed jointly by married and unmarried applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate statements and schedules are required. In order to be considered, all five (5) pages of this Financial Statement must be completed.

Applicant is: Married Single Separated

If married, this Financial Statement is: Completed jointly with spouse Not completed jointly

Statement of assets & liabilities as of: Month _____ Year _____

Personal Information

Name: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ E-Mail: _____

Social Security #: _____ Date Of Birth: _____

Name of Spouse: _____ Social Security #: _____

Have you ever declared bankruptcy? YES NO If YES, describe: _____

Are you a defendant in any lawsuits or other legal actions? YES NO If YES, describe: _____

Federal and state income taxes have been settled through (date): _____

Are you obligated to pay alimony, child support, or separate maintenance payments? YES NO

If YES, describe: _____

Are you a partner or officer in any business venture? YES NO If YES, describe: _____

Do you have a will? YES NO If YES, identify executor: _____

Are any assets included in this Financial Statement owned by a trust? YES NO If YES, describe: _____

Personal bank accounts are carried at:

Bank: _____ Address: _____

Bank: _____ Address: _____

Bank: _____ Address: _____

1st Atlantic Surety Company

Financial Statement (continued – page #2)

If you find space is not sufficient on this form, please attach separate schedules.

A. Bank Data – Please Attach A Copy Of Your Most Recent Statements To Document Data

<u>Name of Bank</u>	<u>Location</u>	<u>Account Number</u>	<u>Current Balance</u>	<u>In Whose Name</u>	<u>Amount Owed To This Bank</u>

B. Stocks, Bonds, etc. – Please Attach A Copy Of Your Most Recent Statements To Document Data

<u>Name Of Security</u>	<u>Number Of Shares</u>	<u>Par Value</u>	<u>Current Market Value</u>	<u>In Whose Name Registered</u>	<u>If Pledged To Whom & Why</u>

C. Accounts Receivable

<u>From Who Payment Is Due</u>	<u>Amount</u>	<u>Due Date</u>

D. Accounts & Taxes Payable

<u>To Whom Payment Is Due</u>	<u>Amount</u>	<u>Due Date</u>

E. Notes Receivable

<u>From Whom Payment Is Due</u>	<u>Amount</u>	<u>Due Date</u>

F. Notes Payable

<u>To Whom Payment Is Due</u>	<u>Amount</u>	<u>Due Date</u>

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Financial Statement (continued – page #3)

If you find space is not sufficient on this form, please attach separate schedules.

Sources Of Income For Year Ending: _____

Salary, Bonuses, & Commissions	\$
Dividends & Interest	\$
Real Estate Income	\$
Accounts & Notes Payable	\$
Other #2 (Alimony, child support, or separate maintenance income need not be reported if you do not wish to have it considered as a basis for bonding.)	\$
Total Income From All Sources	\$

Other Liabilities At Conclusion Of Year Ending: _____

Endorser, co-maker, or guarantor?	\$
On leases or contracts?	\$
Legal claims (Judgments, etc.)	\$
Any other "special" debts?	\$
Amount of contested State or Federal income tax liens?	\$

Insurance Carried

General Liability Insurance	\$
Life Insurance	\$
Other Insurance	\$

Estimated Net Worth

Assets			Liabilities		
Description	From Schedule	\$ Amount	Description	From Schedule	\$ Amount
Cash & Bank Deposits	A	\$	\$ Due To Banks	A	\$
Stocks, Bonds & Other Securities	B	\$	\$ Due To Credit Cards	A	\$
Accounts Receivable	C	\$	\$ Due To Taxes	D	\$
Notes Receivable	E	\$	\$ Due To Accounts Payable	D	\$
Real Estate	G	\$	\$ Due To Notes Payable	F	\$
Personal Property		\$	\$ Due On Real Estate	G	\$
Value Of IRA	B	\$	\$ Due On "Other Liabilities"	I	\$
Other Assets	H	\$	Total Liabilities		\$
Other Assets	H	\$			
TOTAL ASSETS		\$	Estimated Net Worth		\$

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Financial Statement (continued – page #4)

If you find space is not sufficient on this form, please attach separate schedules.

G. Real Estate

1. Address & Type Of Property: _____

Title To Property Is In The Name Of: _____

Percent Of Ownership: _____ **Date Acquired:** _____ **Initial Cost:** _____

Current Market Value: _____ **Mortgage Amount:** _____ **1st/2nd/3rd Mortgage:** _____

Name & Address Of Mortgagee: _____

2. Address & Type Of Property: _____

Title To Property Is In The Name Of: _____

Percent Of Ownership: _____ **Date Acquired:** _____ **Initial Cost:** _____

Current Market Value: _____ **Mortgage Amount:** _____ **1st/2nd/3rd Mortgage:** _____

Name & Address Of Mortgagee: _____

3. Address & Type Of Property: _____

Title To Property Is In The Name Of: _____

Percent Of Ownership: _____ **Date Acquired:** _____ **Initial Cost:** _____

Current Market Value: _____ **Mortgage Amount:** _____ **1st/2nd/3rd Mortgage:** _____

Name & Address Of Mortgagee: _____

H. Other Assets

<u>Description Of "Other" Assets</u>	<u>Current Market Value</u>
	\$
igigighlihh	\$
	\$

I. Other Liabilities

<u>Description Of "Other" Liabilities</u>	<u>Amount Of Liability</u>
	\$
	\$
	\$

The undersigned has furnished the foregoing as a true and accurate statement of the undersigned's financial condition as of the date provided. 1st Atlantic Surety Company may furnish copies of the foregoing statement and any information which it has now or may hereinafter obtain, for the purposes of securing bonds, re-insurance, or co-insurance.

Date: _____

Signature: _____ **Social Security Number:** _____

Signature of Spouse: _____ **Social Security Number:** _____

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Financial Statement (continued – page #5)
Consumer Authorization

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment/professional license(s) or credentials; financial/credit history; or criminal/civil/driving record history. I hereby authorize and consent to 1st Atlantic Surety Company procurement of such a report from public and private sources about any of the information noted earlier in this paragraph.

II. According to the **FAIR CREDIT REPORTING ACT (FCRA, Public Law 91-508, Title VI)**, which was revised effective September 30, 1997, I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state, and county agencies including the North Carolina Department of Insurance.

IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer, or insurance company contacted by 1st Atlantic Surety Company to furnish the information described in Section I.

APPLICANT MUST COMPLETE THE FOLLOWING

Signature Of Applicant

Today's Date

Please Print Your Full Name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be utilized for any other purposes.

Home Address

City

State

Zip

Driver's License # & State In Which Issued

Name As It Appears On Your Driver's License

Other Names You Have Used – Please Print

Social Security Number

Date Of Birth

Have you ever been convicted of a crime? [] YES [] NO If you responded positively, please provide the name of the city, county, and state in which you were convicted and the details of the conviction below.

Fair Credit Reporting Act Notice

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), revised effective September 30, 1997, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Statures of updates are available on request. Although every effort has been made to assure accuracy, the reporting agencies cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report content are the user's responsibility. The reporting agency's policy requires purchasers of these reports to have signed a Service Agreement. This assures the reporting agency that users are familiar with and will abide by their obligations, as stated in the **FCRA, revised effective September 30, 1997**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or denial of an application, the name and telephone number of the reporting agency will be provided in writing to contact them directly and request copies of such reports.