

MOBILE INSURANCE AGENCY OF TEXAS, INC.

To induce MOBILE INSURANCE AGENCY OF TEXAS, INC. to become Surety for the Undersigned, or to accept the Undersigned, as Indemnitor(s), the Undersigned submits the following financial statement:

PERSONAL FINANCIAL STATEMENT

Note: This form to be used for Personal Financial Statements only. NOT TO BE USED FOR BUSINESS STATEMENTS.

Personal financial statements of:

(Include Spouse)

Street Address City State Zip
Home Phone Business Phone
Date

CURRENT ASSETS

CURRENT LIABILITIES

Cash on hand
Cash in banks (schedule 1)
Stocks/Bonds (schedule 2)
Accounts Receivable (schedule 3)
Notes Receivable (schedule 4)
Other Assets (itemize)
TOTAL CURRENT ASSETS

Consumer Debt (Schedule 7)
Accounts Payable
Current Portion of Long Term Debt
Other Current Liabilities (Schedule 7)
Current Year's Unpaid Income Tax
Prior Year's Unpaid Income Tax
Notes Payable (itemize)
TOTAL CURRENT LIABILITIES

FIXED ASSETS

LONG TERM LIABILITIES

Real Estate (schedule 5)
Life Insurance (schedule 6)
Other Assets (itemize)
TOTAL FIXED ASSETS

Real Estate Debt (schedule 5)
Borrowed On Life Insurance (schedule 6)
Other Long Term Debt (schedule 7)
TOTAL LONG TERM LIABILITIES

TOTAL ASSETS

NET WORTH

TOTAL LIABILITIES AND NET WORTH

Contingent Liabilities for Endorsements or Guarantees

For Other Purposes:

Details:

SCHEDULE 1 – CASH IN BANKS

Name of Institution	Address	Amount Deposited
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total:		_____

SCHEDULE 2 – STOCKS AND BONDS

Security Name	No. of Shares	Pledged? To Whom & For What?	Dividends	Mkt. Value	Book Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Totals:				_____	_____

SCHEDULE 3 – ACCOUNTS RECEIVABLE

Name and Address From Whom Due	For What Reason	When Sold	When Due	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total:				_____

SCHEDULE 4 – NOTES RECEIVABLE

Name and Address From Whom Due	For What Reason	How Secured	Date	Maturity	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total:					_____

SCHEDULE 5 – REAL ESTATE

Description of Property	Title In Name of	Mkt. Value	Cost	Date Acquired	Mortgage	Monthly Payment	Monthly Income
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Totals:		_____	_____	_____	_____	_____	_____

SCHEDULE 6 – LIFE INSURANCE – CASH VALUE

Company Name	Policy No.	Name Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

SCHEDULE 7 – CONSUMER DEBT OBLIGATIONS (CREDIT CARDS/LINES, FINANCING DEBT, OTHER)

AUTHORITY IS HEREBY GRANTED TO ANY INDIVIDUAL, FIRM OR CORPORATION, AND ANY FINANCIAL INSTITUTION TO FURNISH MOBILE INSURANCE AGENCY OF TEXAS, INC. UPON ITS REQUEST WITH ANY INFORMATION CONCERNING THE ABOVE STATEMENT OR PERTAINING TO THE UNDERSIGNED'S FINANCIAL STANDING AND CREDIT HISTORY.

By: _____	By: _____
Printed name: _____	Printed name: _____
Social Security No. _____	Social Security No. _____