



**3214 CHICAGO DRIVE, HUDSONVILLE, MI 49426**  
**Phone 800-874-8742 Fax 616-662-4460**

**FINANCIAL STATEMENT**

THIS FINANCIAL STATEMENT IS BEING PROVIDED TO OBTAIN OR EXTEND INSURANCE COMPANY UNDERWRITING AUTHORITY FOR BAIL BONDS.

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
(If assets are held jointly)

ADDRESS \_\_\_\_\_

ASSETS	DESCRIPTION / LOCATION	AMOUNT	LIABILITIES	DESCRIPTION / LOCATION	AMOUNT
CASH ON HAND			MORTGAGES DUE		
CASH ON DEPOSIT			ACCOUNTS PAYABLE		
ACCOUNTS/ NOTES RECEIVABLE					
STOCKS, BONDS, C.D.s			TAXES DUE		
AUTOMOBILES			LOANS/NOTES DUE		
PERSONAL PROPERTY					
REAL ESTATE					
EQUIPMENT			OTHER LIABILITIES		
OTHER ASSETS					
TOTAL ASSETS		\$	TOTAL LIABILITIES		\$
<b>NET WORTH \$ _____</b>					

DO ANY OF THESE AMOUNTS INCLUDE CASH COLLATERAL FOR BAIL BONDS? \_\_\_\_\_ DO YOU HAVE A SEPARATE BANK ACCOUNT FOR CASH COLLATERAL HELD? \_\_\_\_\_

SOURCE OF INCOME	FROM	TIME PERIOD
SALARY OR COMMISSIONS _____		
BUSINESS PROFITS _____		
DIVIDENDS/DISTRIBUTIONS _____		
OTHER INCOME _____		

I/WE HEREBY CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_