



Allegheny Surety Co.

phone (412) 921-4249 • fax (412) 921-4277
 P.O. Box 44110 • 4217 Steubenville Pike • Pittsburgh, PA 15205-9931

Applicant Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Daytime Phone () _____
 Social Security Number _____

Co-Applicant Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Daytime Phone () _____
 Social Security Number _____

DIRECTIONS: It is suggested that the Applicant and Co-Applicant review the entire Personal Financial Statement before beginning to fill it out. Space(s) in blank will be assumed to mean "no" or "none". The Ownership of assets or liabilities should be indicated in the appropriate sections throughout this form using "A" for Applicant, "C" for Co-Applicant, "J" for Joint Ownership by the Applicant and Co-Applicant, and "N" for Joint Ownership by either the Applicant or Co-Applicant and another party. If there is insufficient space on any schedule please include a separate listing in similar detail.

| A STATEMENT OF ASSETS AND LIABILITIES AS OF _____, 20____ | | | | | | |
|-----------------------------------------------------------|---------------------------------------------------------------------------|-------------------|------------------------|-----------------------------------------------------------------------|----------------------------------------|-------------------------|
| Cash or Equivalent | DIRECT ASSETS | AMOUNT | Owned By A, C, J, or N | DIRECT LIABILITIES | AMOUNT | Oblig. of A, C, J, or N |
| | | Checking Accounts | | | Life Insurance Loans (from Schedule 1) | |
| | Savings Accounts | | | Loans Owng Banks and Others (from Schedule 8) | | |
| | Money Market Accounts/ Savings Certificates | | | Accounts and Bills Owng | | |
| | Cash Value Life Ins.-from Schedule 1 (not face value-do not deduct loans) | | | Taxes Owng | | |
| | Fully Marketable Securities (from schedule 2) | | | Mortgages Owng -Personal Real Esate (from Schedule 5) | | |
| | Non-Marketable Securities (from Schedule 3) | | | Mortgages Owng-Investment Real Estate (from Schedule 6) | | |
| | Accounts/Notes Receivable (from Schedule 4) | | | Deferred Tax Liability on Market Value of Assets vs. Depreciated Cost | | |
| | Real Estate for Personal Use (from Schedule 5) | | | Other Liabilities (Describe) | | |
| | Real Estate Investments (from Schedule 6) | | | | | |
| | Ownership in Privately Owned Business(es) (from Schedule 7) | | | | | |
| | Automobiles* | | | | | |
| | Personal Effects | | | | | |
| | Other Assets* (Describe) | | | TOTAL LIABILITIES | | |
| | | | | NET WORTH (Total assets minus total liabilities) | | |
| | TOTAL ASSETS | | | TOTAL LIABILITIES & NET WORTH | | |

| B CONTINGENT AND (INDIRECT) ASSETS: Such as trust, vested pensions, renewal commissions, etc. | | | CONTINGENT AND (INDIRECT) LIABILITIES: Lease obligations, legal claims, contracts, co-maker, surety, endorser or guarantor for debts of others | | |
|--------------------------------------------------------------------------------------------------|---------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------|
| DESCRIPTION | AMOUNT* | Owned By A, C, J, or N | DESCRIPTION | AMOUNT | Oblig. of A, C, J, or N |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | TOTAL | | TOTAL | | |

Applicant _____

Co-Applicant _____

| SCHEDULE 1 Life Insurance Carried (include "GI" and group insurance) | | | | | | |
|----------------------------------------------------------------------|-----------------|-----------------------|----------------------|--------------|--------------|-----------------------|
| Insurance Company | Name of Insured | Face Amount of Policy | Cash Surrender Value | Policy Loans | Policy Owner | If assigned, to whom? |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL ↓ | | | | * | | |

| SCHEDULE 2 Fully-Marketable (i.e. Registered and Traded) Stocks, Bonds, Treasury Bills, etc. (use additional sheet if necessary) | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------|------|---------------------|------------------------------|-----------------------|--|
| Bond Par or No. of Shares | Description of Security | Cost | Registered Owner(s) | Mkt. Value on Statement Date | Exchange Where Traded | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL ↓ | | | | | * | |

| SCHEDULE 3 Non-Marketable Securities | | | | |
|--------------------------------------|-------------------------|------|---------------------|----------------------------------------|
| Bond Par or No. of Shares | Description of Security | Cost | Registered Owner(s) | Estimated Mkt. Value on Statement Date |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL ↓ | | | | |

| SCHEDULE 4 Accounts and Notes Receivable | | | | | | | |
|------------------------------------------|----------|-----------------|-----------------|-----------------|------------------------|-----------------------------|------|
| Date of Note or Account | Due From | Original Amount | Present Balance | Repayment Terms | Owned By A, C, J, or N | Security held for this debt | |
| | | | | | | Description | Cost |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL ↓ | | | | * | | | |

* Show on page 1.

Applicant _____

Co-Applicant _____

| SCHEDULE 5 Real Estate for Personal Use | | | | | | |
|---------------------------------------------------|----------------------|--------------------------|-----------------------------|----------------|----------------|--------------------------------------|
| Address: street, city, township, county, state | Title in name(s) of: | Original investment year | Your original \$ investment | Total Mortgage | % owned by you | Market Value of your % of investment |
| | | | | | | |
| | | | | | | |
| TOTAL ↓ | | | | | | |

| SCHEDULE 6 Investments in Real Estate | | | | | | |
|------------------------------------------------|----------------------|--------------------------|-----------------------------|----------------|----------------|--------------------------------------|
| Description/Location of real estate investment | Title in name(s) of: | Original investment year | Your original \$ investment | Total Mortgage | % owned by you | Market Value of your % of investment |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL ↓ | | | | | | |

| SCHEDULE 7 Ownership in Privately Held Business(es) | | | | | | | |
|-----------------------------------------------------|---------------------|------------------------|--------------------|--------------------|--------------------------|----------------|-------------------------------------------|
| Business name and address | Form of ownership** | Owned By A, C, J, or N | Nature of business | Date of investment | Original investment cost | % of ownership | Estimated Market Value of your investment |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL ↓ | | | | | | | |

**Indicate: proprietor, general partner, limited partner, or corporation

| SCHEDULE 8 Loans Owed to Banks, Brokers, Finance Companies, and Others (MasterCard, Visa, Etc.) | | | | | | | |
|-------------------------------------------------------------------------------------------------|------------------------|-----------------|-------------------------|---------------------|-----------------|-----------------------|------------|
| Owing to (Show Acct. No.) | Orig. of A, C, J, or N | Original Amount | Date of Orig. Borrowing | Present Balance Due | Monthly Payment | Date of Final Payment | Secured By |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL ↓ | | | | | | | |

* Show these values on page 1.

Applicant _____

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| APPLICANT | | | |
| PERSONAL INFORMATION | | GENERAL INFORMATION | |
| EMPLOYER'S NAME | POSITION | Are you a defendant in any suit or legal action? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| ADDRESS | | If yes, explain: | |
| CITY | STATE ZIP YEARS THERE | | |
| PREVIOUS EMPLOYER'S NAME | | | |
| ADDRESS | | Are you presently subject to any unsatisfied judgments or tax liens? | |
| CITY STATE ZIP YEARS THERE | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | | If yes, explain: | |
| SOURCES OF ANNUAL INCOME | | | |
| Salary (amount reported on W-2) or Professional net income | \$ | | |
| Bonuses and Commissions | \$ | | |
| Interest and Dividends | \$ | Have you ever been through bankruptcy or settled any debts for less than amount owed? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Alimony, Child Support and Separate Maintenance Payments** | \$ | If yes, explain: | |
| Net Real Estate Income | \$ | | |
| Other Income Describe | \$ | | |
| | \$ | Have you filed Federal Tax Returns for the most recent year? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| TOTAL ANNUAL INCOME † | \$ | Have you paid all related taxes? | Date of last IRS Audit |
| **Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation | | YES <input type="checkbox"/> NO <input type="checkbox"/> | ____/____/____ |
| CO-APPLICANT | | | |
| PERSONAL INFORMATION | | GENERAL INFORMATION | |
| EMPLOYER'S NAME | POSITION | Are you a defendant in any suit or legal action? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| ADDRESS | | If yes, explain: | |
| CITY | STATE ZIP YEARS THERE | | |
| PREVIOUS EMPLOYER'S NAME | | | |
| ADDRESS | | Are you presently subject to any unsatisfied judgments or tax liens? | |
| CITY STATE ZIP YEARS THERE | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | | If yes, explain: | |
| SOURCES OF ANNUAL INCOME | | | |
| Salary (amount reported on W-2) or Professional net income | \$ | | |
| Bonuses and Commissions | \$ | | |
| Interest and Dividends | \$ | Have you ever been through bankruptcy or settled any debts for less than amount owed? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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| Net Real Estate Income | \$ | | |
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| | \$ | Have you filed Federal Tax Returns for the most recent year? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| TOTAL ANNUAL INCOME † | \$ | Have you paid all related taxes? | Date of last IRS Audit |
| **Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation | | YES <input type="checkbox"/> NO <input type="checkbox"/> | ____/____/____ |

Date signed _____, 20____ Applicant _____

Date signed _____, 20____ Co-Applicant _____