

J.R. OLSEN BONDS & INSURANCE BROKERS, INC.

CA Broker/Agent Lic. #0680914 ~ E-mail: jrolsen@jrolsenbonds.com

7407 Topanga Canyon Blvd., Canoga Park, CA 91303

Tel: (818) 227-2620 ~ Fax: (818) 227-2628

Toll Free: (800) 452-7121

Business Financial Statement

License-Permit-Miscellaneous Bonds

To include Company to become surety for the surety for the Undersigned or to accept the Undersigned as indemnitor, the Undersigned submits the following Financial Statement:

Name	Social Security No.	
Address	Spouse Social Security No.	
City	State	Zip

Individual Co-Partnership Corporation Statement of Assets and Liabilities as of
(Insert Date, Other Wise Statement Will Be Returned) _____ 20__ .

ASSETS		LIABILITIES	
Cash in Bank	A \$	Due to Banks	A \$
Cash in Hand	\$	Federal Income Tax	\$
Stocks, Bonds, Etc.	B \$	All Other Taxes	B \$
Accounts Receivable	C \$	Accounts Payable	C \$
Notes Receivable	D \$		D \$
Inventory & Merchandise	\$	Notes Payable	\$
Equipment	F \$	Due on Equipment	F \$
Real Estate	G \$	Due on Real Estate	G \$
Other Assets	H \$	Other Liabilities	H \$
	\$		\$
	\$	Capital Stock (If any)	\$
	\$	Surplus & Undivided Profits	\$
Total Assets	\$	Total Liabilities	\$

Statement of Earnings for Period Beginning _____ 20__ and Ending _____ 20__

Gross Income From Business Activities	\$	Expenses of Conducting Business (Rent, Insurance, Etc.)	\$
Gross Income From All Other Sources	\$	Salaries to Officers or Partners	\$
		Dividends Paid During Year	\$
		Federal Taxes Actually Paid During Year	\$
		Reserved For Federal Taxes For Current Year	\$
Total Income	\$	Total Expenditures	\$
		Net Profit or Loss	\$

If no provision has been made for Federal Taxes for Current Year, State Estimated Amount. \$

Have you ever failed in business or compromised with creditors? Explain:

Describe any contingent liabilities (endorser, surety, indemnitor, etc.):

Bank credit established: _____ How Secured? _____

Lines of business in which you are engaged:

Do you have your books Periodically Audited by C.P.A. or other licensed accountant? Yes No

If Yes, give date of last audit and name of accountant:

IMPORTANT: REVERSE SIDE MUST BE COMPLETED AND SIGNED

IF NOT SUFFICIENT SPACE, ATTACH SEPARATE SCHEDULES

A BANK DATA	NAME AND LOCATION OF BANK			AMOUNT OF DEPOSIT	IN WHOSE NAME	OWED TO BANK	DATE DUE
B STOCKS, BONDS, ETC.	NAME OF SECURITY	NO. SHARES	PAR VALUE	MARKET VALUE	IN WHOSE NAME REGISTERED	IF PLEDGED, TO WHOM	
C ACCOUNTS RECEIVABLE AND PAYABLE	FROM WHOM DUE	AMOUNT		DATE DUE	TO WHOM DUE	AMOUNT	DATE DUE
D NOTES RECEIVABLE AND PAYABLE	TO WHOM DUE	AMOUNT		DATE DUE	TO WHOM DUE	AMOUNT	DATE DUE
E INVENTORY AND MERCHAN- DISE	DESCRIPTION					COST PRICE	MARKET VALUE
F EQUIPMENT	DESCRIPTION	COST PRICE	DEPRECIATION CHARGED OFF	BOOK VALUE	ENCUMBRANCE	AMT PAYABLE MONTHLY	
G REAL ESTATE	LOCATION AND DESCRIPTION	IN WHOSE NAME IS TITLE		PRESENT FORCED SALE VALUE	AMOUNT OF MORTGAGE	NAME OF MORTGAGE	
H OTHER ASSETS AND LIABILITIES	DESCRIPTION OF OTHER ASSETS		AMOUNT	DESCRIPTION OF OTHER ASSETS		AMOUNT	

Authority is hereby granted to an individual, firm or corporation, and any financial institution to furnish Surety upon its request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

SIGNATURE		DATE	SPOUSE SIGNATURE		DATE
NAME		DOB	SPOUSE NAME		DOB
SOCIAL SECURITY #	OCCUPATION		SPOUSE SOCIAL SECURITY #	SPOUSE OCCUPATION	