

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

Broker/Agent Lic. #0680914
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Personal Financial Statement

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more for voting stock, or (4) any person or entity providing a guaranty on the loan.

Name: _____ Business Phone: () _____

Residence Address: _____

City, State & Zip Code: _____ Residence Phone: () _____

Business Name of Applicant/Borrower: _____

| ASSETS | | LIABILITIES | |
|--|-----------------|-----------------------------------|-----------------|
| | (Omit Cents) | | (Omit Cents) |
| Cash on hand and in Banks | \$ _____ | Accounts Payable | \$ _____ |
| Savings Accounts | \$ _____ | Notes Payable to Banks and Others | \$ _____ |
| IRA or Other Retirement Account | \$ _____ | (Describe in Section 2) | |
| Accounts & Notes Receivable | \$ _____ | Installment Account (Auto) | \$ _____ |
| Life Insurance-Cash Surrender Value Only | \$ _____ | Mo. Payments | \$ _____ |
| (Complete Section 8) | | Installment Account (Other) | \$ _____ |
| Stocks and Bonds | \$ _____ | Mo. Payments | \$ _____ |
| (Describe in Section 3) | | Loan on Life Insurance | \$ _____ |
| Real Estate | \$ _____ | Mortgages on Real Estate | \$ _____ |
| (Describe in Section 4) | | (Describe in Section 4) | |
| Automobile – Present Value | \$ _____ | Unpaid Taxes | \$ _____ |
| Other Personal Property | \$ _____ | (Describe in Section 6) | |
| (Describe in Section 5) | | Other Liabilities | \$ _____ |
| Other Assets | \$ _____ | (Describe in Section 7) | |
| (Describe in Section 5) | | Total Liabilities | \$ _____ |
| | | Net Worth | \$ _____ |
| Total | \$ _____ | Total | \$ _____ |

| Section 1: Source of Income | | Contingent Liabilities | |
|--------------------------------|----------|----------------------------------|----------|
| Salary | \$ _____ | As Endorser or Co-Maker | \$ _____ |
| Net Investment Income | _____ | Legal Claims & Judgments | \$ _____ |
| Real Estate Income | _____ | Provision for Federal Income Tax | \$ _____ |
| Other Income (Describe below)* | _____ | Other Special Debts | \$ _____ |

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

| Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) | | | | | |
|--|--------------------|-----------------|---------------------------------|------------------------------|--|
| Name and Address of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Frequency (monthly, etc.) | How Secured or Endorsed Type of Collateral |
| | \$ | \$ | \$ | | |
| | \$ | \$ | \$ | | |
| | \$ | \$ | \$ | | |
| Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) | | | | | |
| Number of Shares | Name of Securities | Cost | Market Value Quotation/Exchange | Date of Quotation/Exchange | Total Value |
| | | \$ | \$ | | |
| | | \$ | \$ | | |
| | | \$ | \$ | | |
| Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) | | | | | |
| | Property A | Property B | Property C | | |
| Type of Property | | | | | |
| Address | | | | | |
| Date Purchased | | | | | |
| Original Cost | \$ | \$ | \$ | | |
| Present Market Value | \$ | \$ | \$ | | |
| Name of Mortgage Holder | | | | | |
| Mortgage Balance | \$ | \$ | \$ | | |
| Amount of Payment per Month/Year | \$ | \$ | \$ | | |
| Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lienholder(s), amount of lien, terms of payment, and if delinquent, describe delinquency). | | | | | |
| | | | | | |
| Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.) | | | | | |
| | | | | | |
| | | | | | |
| Section 7. Other Liabilities (Describe in detail) | | | | | |
| | | | | | |
| | | | | | |
| Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries) | | | | | |
| | | | | | |
| | | | | | |
| I authorize J. R. OLSEN BONDS & INSURANCE BROKERS, INC. to make inquires as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 19 U.S.C. 1001). | | | | | |
| Signature: | | Date: | | Social Sec. Number: | |
| Spouse's Signature: | | Date: | | Spouse's Social Sec. Number: | |
| Print Name: | | | | | |