



**Northeast Agencies National Bond Program (31-21688)
An Allstate Commercial Expanded Market Program**

FINANCIAL STATEMENT

Name _____ Social Security # _____ - _____ - _____ Age _____
 Personal Address _____
 Business Name _____
 Business Address _____
 Statement of assets and liabilities as of _____, _____

Check one: Business financial statement Personal financial statement

ASSETS		LIABILITIES	
Cash (List Banks) _____		Accounts Payable _____	
		Taxes Due - Gas _____	
		Taxes Due & Accrued - Other _____	
		Notes Payable to Bank _____	
Stocks - Describe completely on Schedule #1 _____		Notes Payable - Small Business Adm. Loan _____	
Bonds - Describe completely on Schedule #1 _____		Notes Payable to Others - Describe on Schedule #3 _____	
Notes Rec. - Describe completely on Schedule #2 _____		Mortgage on Real Estate _____ A	
Accounts Receivable _____		Mortgage on Real Estate _____ B	
Merchandise or Material in Stock _____		Alimony, Child Support _____	
Real Estate, Homestead _____ A		Other Liabilities - Describe _____	
Real Estate, Investment _____ B			
Furniture and Fixtures _____		TOTAL LIABILITIES _____	
Other Assets - Describe _____		Capital Stock (Paid in) _____	
		NET WORTH OR SURPLUS _____	
TOTAL ASSETS		TOTAL Liabilities and Net Worth _____	

Gross Sales - Two years ago _____ Last year _____ Net Income - Two years ago _____ Last year _____

Schedule #1 Stocks and Bonds
List and describe _____

Schedule #2 Notes Receivable
 1. From whom? _____
 2. When due? _____
 3. Secured? _____

Schedule #3 Notes Payable
 1. Owed to whom? _____
 2. For what purpose? _____
 3. When due? _____
 4. Secured? _____

In whose name is the title of real estate? _____
 Have you pledged any of the above assets as collateral for loans? _____
 Are you surety or endorser upon any bond, note or other obligation not included in your liabilities shown above? _____
 If so, give names and amounts _____

The undersigned hereby certifies that the lists of assets and liabilities given herein is a true and correct statement of the financial condition on the date given above and that all statements made are correct, that the undersigned has never caused his surety loss, and that the depositories are hereby authorized to confirm any inquiry made by WESTERN SURETY COMPANY or its representatives as to any statement made herein relative to moneys on deposit, or loans made. The undersigned authorizes WESTERN SURETY COMPANY to verify this information and to obtain additional information from any source.

Dated this _____ day of _____, _____.

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