

# Tonry Insurance Group

150 Grossman Drive, Suite 200, Braintree, MA 02184  
 Phone 617-773-9200 / Fax 617-773-9920

## Applicant or Indemnitor's Personal Financial Statement

Name (First, MI, Last) \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse (First, MI, Last) \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Date of information \_\_\_\_\_

(PLEASE ANSWER ALL QUESTIONS USING "NO" OR "NONE" WHERE NECESSARY)

ASSETS		LIABILITIES	
Cash (sched 1)	\$	Notes Payable to Banks, other than Credit Cards	\$
Accounts and Loans Receivable	\$	Credit Cards	\$
Life Insurance Cash Surrender Value (sched 3)	\$	Notes Payable to Others	\$
Business Valuation (Stock Value, Sole Proprietor Value)	\$	Loans Against Life Insurance	\$
Other Stocks and Bonds (sched 4)	\$	Taxes and Assessments Payable	\$
Real Estate (sched 5)	\$	Mortgages Payable on Real Estate	\$
Automobiles Registered in Own Name	\$	Other Liabilities (Itemize)	\$
IRA and Keough Accounts	\$		\$
Other Assets (Itemize)	\$		_____
	\$	Total Liabilities	\$
	_____		_____
Total Assets	\$	Net Worth (Assets less Liabilities)	\$
SOURCE OF INCOME		PERSONAL INFORMATION	
Salary	\$	Primary Business or Occupation	
Bonus and Commissions	\$	Marital Status	
Dividends	\$	Dependent Children	
Real Estate Income	\$	Other Dependents	
Other Income (Itemize)	\$		
	\$		
Total Income	\$		
CONTINGENT LIABILITIES		GENERAL INFORMATION	
Are you listed as Endorser, Guarantor or Co-Signer on any liabilities not previously listed? _____	\$	Are you defendant in any suits or legal actions or do you have any unsettled claims against you? _____ Explain:	
Are you on any leases or contracts not previously listed? _____	\$		
Are You a Partner or Officer in any other business liabilities? _____ Explain:		Have you ever taken bankruptcy personally or on a business you had ownership in? _____ Explain:	
Total Other Liabilities	\$		

**SUPPLEMENTARY SCHEDULES**

**Schedule 1. Banking Relations (List of all bank accounts including savings and loans)**

Name & Location of Bank	Cash Balance	Line of Credit Established	Loan Balances Outstanding	How Endorsed, Guaranteed or Secured

**Schedule 2. Accounts, Loans and Notes Receivables (List of largest amounts owed to you)**

Name & Address of Debtor	Amount Owning	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected

**Schedule 3. Life Insurance**

Name of Person Insured	Name of Beneficiary	Name of Insurance Company	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?

**Schedule 4. Other Stocks and Bonds**

Face Value (bonds) No. of Shares (stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged

**Schedule 5. Real Estate**

Description of Property and Improvements	Date Acquired	Title in Name of	Cost	Market Value	Mortgage

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. This document, or any copy hereof, hereby authorizes any third party to furnish to Tonry Insurance Group, Inc. or its representatives with complete consumer credit reports or financial information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_