

# Ancona Insurance Services

CA Lic. 0C47363 ~ E-mail: [iana@anconainsurane.com](mailto:iana@anconainsurane.com)

7787 Sunset Blvd., Los Angeles, CA 90077

Tel. 1-800-462-2604 ~ Fax 1-323 654-2763

## 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	\$
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>

### 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**

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



**SCHEDULE 1. STOCKS AND BONDS**

Name of security	No. shares	If any pledged, state to whom and for what purpose	Dividends paid last two years	Market value	Book value

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

**SCHEDULE 2. ACCOUNTS RECEIVABLE**

Name and address (street and city) from whom due	For what is it due	When sold	When due	Amount

TOTALS \$ \_\_\_\_\_

**SCHEDULE 3. NOTES RECEIVABLE**

Name and address (street and city) from whom due	For what due	How secured	Date	Maturity	Amount

TOTALS \$ \_\_\_\_\_

**SCHEDULE 4. REAL ESTATE**

Description of property	Title in name of	Market value	Cost	DATE acquired	Amount encumbrance	Monthly payments	Monthly income

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**SCHEDULE 5. LIFE INSURANCE - CASH VALUE**

Name of company	Policy number	Name of Insured	Beneficiary	Face value	Cash value	Amount borrowed

**SCHEDULE 6. DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES**

---

---

---

---

---

---

---

---

---

---

---

---

Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish J.R. Olsen Bonds & Insurance Brokers, Inc. upon request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

SIGNED AND SEALED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

---

---

---