

SPATARO INSURANCE AGENCY INC.
850 SARATOGA ROAD
BURNT HILLS, NY 12027
PHONE: 518-399-7879
FAX: 518-399-4159

PERSONAL FINANCIAL STATEMENT

As of _____
Date

_____ proposed Indemnitor for _____
Name Name of Contractor

hereby affirms that in the following declarations made and answers given, he states the truth without reservation in order to induce the _____ to execute bond(s).

1. Full name of indemnitor _____ Age _____ Years
2. Daily occupation or employment _____ Business Address _____
3. Residence address _____ Married? _____
4. Social Security Number _____

ASSETS	LIABILITIES
Cash on hand (not in bank) _____ \$ _____ Cash deposited in following banks _____ \$ _____ _____ \$ _____ Stock and bonds (market value) consisting of _____ \$ _____ _____ \$ _____ _____ \$ _____ State which if any of the above hypothecated for loans Real Estate, title to which is in your name: a _____ \$ _____ b _____ \$ _____ c _____ \$ _____ d _____ \$ _____ Notes Receivable _____ \$ _____ Accounts Receivable _____ \$ _____ Other Assets (in detail) _____ \$ _____ _____ \$ _____ <p style="text-align: right;">Total Assets \$ _____</p>	Borrowed money from banks (not business related) When due? Monthly Payment Total _____ \$ _____ \$ _____ How secured? _____ _____ Other notes payable _____ When due? Monthly Payment Total _____ \$ _____ \$ _____ How secured? _____ Accounts payable _____ Mortgages on real estate Location When Yearly Total Due Payment a _____ \$ _____ \$ _____ b _____ \$ _____ \$ _____ c _____ \$ _____ \$ _____ d _____ \$ _____ \$ _____ Taxed Payable from Sub S Corp (if applicable) \$ _____ Other Liabilities (in detail) _____ \$ _____ _____ <p style="text-align: right;">Total Liabilities \$ _____</p>

6. What do you consider yourself worth, net, over and above debts and liabilities? _____
7. Are you surety or endorser upon any bond, note or other obligation, not included in your liabilities shown above? If so, give name and amount _____
8. Any judgements against you? _____ Ever failed in business? _____
9. Threatened with any law suits? _____ Interested in more than one line of business? _____

REFERENCES:

Name	Occupation	Address (Street and City)
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned hereby authorize(s) and request(s) any person, firm or corporation, to furnish any information requested by the undersigned; and the statement and any information which it now has or may hereafter obtain to other companies for the purpose of securing reinsurance or co-suretyship.

NOTICE TO ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND /OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

KNOWINGLY SUPPLYING FALSE OR MISLEADING INFORMATION MAY CONSTITUTE A CRIME OR RESULT IN A CIVIL LIABILITY UNDER APPLICABLE FEDERAL AND STATE LAWS.

Signed at

this _____ day of _____, _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, before me personally came _____, to me known, who being by me duly sworn, did depose and say that the facts contained in the foregoing statement are true and correct, and that said statement is made for the purpose of inducing the to execute the bond(s) above described.
