



FINANCIAL SUPPLEMENT FOR PERSONAL INSURANCE

Proposed Insured (*please print name*) _____ Date of Birth (*mm/dd/yy*) _____

1. Assets and Liabilities

Assets		Liabilities	
Cash (checking, savings, CDs)	\$ _____	Accounts and Notes Payable	\$ _____
Accounts, Loans, and Notes Receivable	\$ _____	Real Estate Mortgages for Liens	\$ _____
US Government and Marketable Securities	\$ _____	Other Liabilities (describe)	\$ _____
Real Estate (market value)	\$ _____	TOTAL LIABILITIES	\$ _____
Personal Property (auto, furniture, etc.)	\$ _____		
Other Assets (describe)	\$ _____		
TOTAL ASSETS	\$ _____	NET WORTH	\$ _____

Description of Other Assets: _____

Description of Other Liabilities: _____

2. Proposed Insured's Income and Source for past two years

	Last Completed Tax Year _____ (yy)	Prior Tax Year _____ (yy)
Annual Salary		
Bonus and Commissions		
Dividends and Interest		
Pension/Annuity		
Real Estate Income		
Other Income (describe)		
TOTAL		

Description of Other Income including source: _____

3. Explain the basis for the requested face amount in your application for insurance. _____

I have read or have had read to me the completed Financial Supplement for Personal Insurance before signing below. All statements and answers in this Financial Supplement are correctly recorded and are full, complete and true. I agree that this Financial Supplement constitutes a part of my application for insurance. I understand that any false statements or material misrepresentations may result in the loss of coverage under the policy. The financial disclosures listed above are for the purpose of establishing financial insurability in connection with my application for insurance. **Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.**

Signed in _____, this _____ day of _____ (city) (state) (month) (year)

Signature of Proposed Insured (Parent or Guardian if under 14 years of age)

Signature of CPA / Attorney and Title

CPA / Attorney Address

Print Name of CPA / Attorney

CPA / Attorney Phone Number