



WILSON M. BECK INSURANCE SERVICES INC.

#303 – 8678 Greenall Avenue, Burnaby, B.C. V5J 3M6

Phone: (604) 437-6200

Fax: (604) 437-5347

PERSONAL FINANCIAL STATEMENT

NAME: _____ AS AT _____, 20_____.
(Applicant & Spouse) (Full Names including Middle Initials)

ADDRESS : _____ AGES: _____

COMPANY NAME: _____ TELEPHONE NO. _____

NOTE: COMPLETE REVERSE SIDE FIRST AND TRANSFER AMOUNTS BELOW

ASSETS			LIABILITIES		
Cash on Hand or in Bank	A		Due to Bank	A	
Marketable Stocks and Bonds	B		Accounts Payable	C	
Accounts Receivable	C		Other Accounts Payable during Present Year (Interest, Taxes)		
Other Liquid Assets					
TOTAL LIQUID ASSETS			TOTAL CURRENT LIABILITIES		
Real Estate	D		Due on Real Estate	D	
Mortgages Receivable	E		Due on Equipment, Cars, Boats	F	
Furniture and Effects (Estimated Value)			Other Liabilities Payable Beyond Present Year	G	
Equipment, Cars, Boats	F				
Other Assets (Private Co's, Shares and Loans)	G		NET WORTH		
TOTAL			TOTAL		

QUESTIONNAIRE

1. Total Personal Income all Sources Last Year _____

2. Describe any Contingent Liabilities, (Endorser, Guarantor, etc.) _____

3. Have you ever failed in business or compromised with creditors? _____

4. Lines of business in which you are engaged? _____

5. Bank loan, terms of repayment. _____

6. Residence Insurance (Fire Insurance):

Amount	Insurance Company	Expiry Date
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_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Life Insurance:

Amount	Beneficiary	Insurance Company	Cash Surrender Value
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ATTACH LIST IF MORE SPACE REQUIRED

A	BANK DATA		
	NAME AND ADDRESS OF BANK	IN WHOSE NAME	OWING TO BANK

B	MARKETABLE STOCK & BONDS					
	NAME OF SECURITY	NAME REGISTERED	NO. SHARES	MARKET VALUE	DIVIDENDS	IF PLEDGED TO WHOM AND PURPOSE

C	ACCOUNTS RECEIVABLE & PAYABLE					
	FROM WHOM DUE	AMOUNT	MONTHLY PAYMENT	(CHARGE ACCOUNTS) TO WHOM DUE	AMOUNT	MONTHLY PAYMENT

D	REAL ESTATE					
	LOCATION AND DESCRIPTION	NAME REGISTERED	MARKET VALUE	AMOUNT MORTGAGE	MONTHLY PAYMENT	MONTHLY RENT RECEIVABLE

E	MORTGAGES OWNED					
	PROPERTY COVERED	NAME REGISTERED	APPRAISED VALUE	AMOUNT MORTGAGE	MONTHLY REPAYMENT	PRIOR MORTGAGES

F	EQUIPMENT, CARS, BOATS					
	DESCRIBE - YEAR MAKE	COST PRICE	MARKET VALUE	ENCUMBRANCE	MONTHLY PAYMENT	TO WHOM DUE

G	OTHER ASSETS & LIABILITIES			
	DESCRIBE OTHER ASSETS	AMOUNT	DESCRIBE OTHER LIABILITIES	AMOUNT

TRANSFER VALUES FROM SECTIONS **A** THROUGH **G** TO SUMMARY ON REVERSE

Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish Wilson M. Beck Insurance Services Inc., &/or any bonding company which is federally licenced, upon its request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

Signed this _____ day of _____, 20_____.

Witnessed _____

Sign Here