CROSS INSURANCE
74 Gilman Road ■ PO Box 1388 ■ Bangor, ME 04401
PH 207-947-7345 ■ 800-999-7345 ■ FAX 207-947-7589 ■ crossagency.com

Bond No. _____

FINANCIAL STATEMENT

_____
(Name of Individual, Firm or Corporation)

Give full address _____

Statement of Assets and Liabilities as of _____

If a Corporation: Are you a Sub Chapter "S" Corporation? ☐ Yes ☐ No

CURRENT ASSETS		CURRENT LIABILITIES		
Cash on hand (NOT in bank)	$ _____	Notes Payable, Bank .....($_____ Monthly)	Total ☐	$ _____
Cash in following banks (Give address)	_____	Notes Payable, Bank .....($_____ Monthly)	Total ☐	_____
.....	_____	Notes Payable, Other:		
.....	_____	.....($_____ Monthly)	Total ☐	_____
.....	_____	.....($_____ Monthly)	Total ☐	_____
Accounts Receivable	_____	.....($_____ Monthly)	Total ☐	_____
.....	_____	Accounts Payable		_____
Stocks, Bonds and other securities listed		Accruals		_____
In Schedules "A".....	_____	Taxes		_____
Merchandise or materials in stock.....	_____	Other Current Liabilities:		_____
Of what does this Merchandise consist?		.....		_____
.....	_____	.....		_____
Notes Receivable	_____	.....		_____
Other current assets:				
Cash Value Life Ins. (**not** face value)	_____	**Total Current Liabilities:**		$ _____
.....	_____			
.....	_____	DEFERRED LIABILITIES		
		Equipment Encumbrance ($____ Monthly)	Total ☐	_____
Total Quick Assets	$ _____	Schedule "B".....		_____
		Mortgages on Real Estate ($___ Monthly)	Total ☐	_____
		Schedule "C"		_____
		Other Debts maturing in a year or more.		
		.....		_____
FIXED ASSETS		.....		_____
Equipment (complete schedule "B").....		.....		_____
Furniture and Fixtures	_____	.....		_____
Real Estate (complete schedule "C").....	_____			
Homestead	_____	**Total Liabilities**		$ _____
Investment.....	_____			
Business	_____			
		NET WORTH		
Prepaids.....	_____	Capital Stock		_____
Other Fixed Assets:		Paid in Capital		_____
.....	_____	Surplus or Retained Earnings		_____
.....	_____	Sales Volume-Annual $ ..... _____		_____
.....	_____	Net Profit $..... _____		_____
Long Term Receivables				
.....	_____			
Total Fixed Assets	$ _____	**Total Net Worth**		$ _____
Total of all Assets	$ _____	**Total of All Liabilities & Net Worth**.....		$ _____

COMPLETE APPLICABLE SCHEDULES ON REVERSE SIDE

SCHEDULE "A" STOCKS AND BONDS

Description	Par Value	Market or Forced Sale Value	Pledged to Secure
.....	$	$	$
.....			
.....			
.....			
.....			
.....			
.....			
.....			
Total	$	$	$

SCHEDULE "B" EQUIPMENT

Description	Age	Purchase Price	Depreciation	Book Value	Encumbrance	Amount Payable Monthly
.....		$	$	$	$	$
.....						
.....						
.....						
.....						
.....						
.....						
.....						
Total		$	$	$	$	$

SCHEDULE "C" REAL ESTATE

Location and Description of Property	In Whose Name Is Title?	Mortgagee	Present Forced Sale Value	Amount of Mortgage
.....			$	$
.....				
.....				
.....				
.....				
.....				
.....				
.....				
.....				
.....				
		Total	$	$

The maker of the foregoing statement hereby authorizes Cross Insurance to confirm the bank balances claimed and all other items comprising said statement.

The undersigned hereby certifies that each statement hereinbefore contained is true and that this statement is made for the purpose of including Cross Insurance to execute certain bonds or undertakings.

Dated _____

_____ (L.S.)

Note: To be signed:
(a) If a firm, by all partners.
(b) If a corporation, by two of the principal officers.
(c) If individual by principal and spouse.

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)