



Old Republic Surety Company
Old Republic Insurance Company

Bituminous Casualty Corporation

"Company" means as interest(s) may appear, any of the listed companies contained herein, any and/or subsidiary(ies), and/all parent company(ies) of Old Republic Surety Company, and/or any affiliated company(ies) within the Old Republic International General Insurance Group, as well as/or any and/all reinsuring surety(ies), co-surety(ies) and any surety(ies) which have been procured to execute the bond(s), their successors or assigns.

PERSONAL FINANCIAL STATEMENT

This statement should be prepared by applicant or his bookkeeper. Copy of C.P.A. report with audit is preferred.

NAME AND BUSINESS ADDRESS		<input type="checkbox"/> INDIVIDUAL	BASIC BOOKS KEPT
		<input type="checkbox"/> CO-PARTNERSHIP	<input type="checkbox"/> CALENDAR YEAR
		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> FISCAL YEAR IF "FISCAL" YEAR ENDS _____ 20
STATEMENT OF ASSETS AND LIABILITIES AS OF _____ 20____			
(INSERT DATE, OTHERWISE STATEMENT WILL BE RETURNED.)			

CASH	IN BANK	A	\$	NOTES PAYABLE	TO BANKS REGULAR	J	\$
	ON HAND		\$		TO BANKS FOR CERTIFIED CHECKS	J	\$
	CERTIFIED CHECKS DEPOSITED WITH BIDS		\$		TO MATERIAL FURNISHERS	J	\$
STOCKS, BONDS, ETC.					TO OTHERS (EXCLUSIVE OF EQUIPMENT)	J	\$
ACCOUNTS RECEIVABLE	COMPLETED CONTRACTS	C	\$	DUE SUB-CONTRACTORS	(ACCOUNT OF RETAINED PERCENTAGES AND CURRENT ESTIMATES)		
	EARNED ESTIMATES (UNCOMPLETED CONTRACTS)	D	\$		ACCOUNTS PAYABLE	(INCLUDING COST OF LABOR AND MATERIALS NOT YET BILLED)	
	RETAINED PERCENTAGES	D	\$	NOT PAST DUE		\$	
	LABOR AND MATERIALS (NOT YET BILLED)	D	\$	PAST DUE		\$	
	OTHER	E	\$				
NOTES RECEIVABLE				TAXES	FEDERAL AND STATE INCOME		
MATERIALS: IN STOCK - NOT INCLUDED IN ABOVE ITEMS					RESERVE FOR INCOME ON CURRENT YEAR'S EARNINGS		
				OTHER (DESCRIBE) :			
FOR CONTRACTS UNDERWAY \$				*DUE ON EQUIPMENT WITHIN 12 MONTHS			
OTHER \$				OTHER CURRENT LIABILITIES: (DESCRIBE)			
TOTAL CURRENT ASSETS \$				TOTAL CURRENT LIABILITIES \$			
EQUIPMENT (BOOK VALUE)				DUE ON EQUIPMENT NOT DUE WITHIN 12 MONTHS			
REAL ESTATE				AMOUNT PAYABLE MONTHLY \$			
FOR BUSINESS \$				DUE ON REAL ESTATE			
HOMESTEAD \$				AMOUNT PAYABLE MONTHLY \$			
INVESTMENT \$				OTHER LONG TERM LIABILITIES			
OTHER ASSETS (EXPLAIN)							
				CAPITAL STOCK (PAID IN) IF A CORPORATION			
				SURPLUS AND UNDIVIDED PROFITS			
TOTAL ASSETS \$				TOTAL LIABILITIES \$			

STATEMENT OF EARNINGS FOR PERIOD BEGINNING _____ 20	GROSS INCOME FROM CONTRACT WORK	\$
AND ENDING _____ 20	GROSS INCOME FROM ALL OTHER SOURCES	\$
	TOTAL INCOME	\$
BASIS INCOME REPORTED FOR PAYMENT FEDERAL TAX	EXPENSES OF CONDUCTING BUSINESS (INCL. RENT, INSURANCE, ETC.)	\$
<input type="checkbox"/> ACCRUAL <input type="checkbox"/> CASH	SALARIES TO OFFICERS OR PARTNERS	\$
<input type="checkbox"/> COMPLETED JOB	DIVIDENDS PAID DURING YEAR	\$
<input type="checkbox"/> PERCENTAGE OF COMPLETION	FEDERAL TAXES ACTUALLY PAID DURING YEAR	\$
	RESERVE FOR FEDERAL TAXES FOR CURRENT YEAR	\$
	TOTAL EXPENDITURES	\$
	NET PROFIT OR LOSS	\$
	IF NO PROVISION HAS BEEN MADE FOR FEDERAL TAXES FOR CURRENT YEAR, STATE ESTIMATED AMOUNT	\$

* DO YOU HAVE OTHER EQUIPMENT THROUGH LEASE-PURCHASE OR RENTAL AGREEMENTS? YES NO

A CASH IN BANK	NAME OF BANK		LOCATION	AMOUNT OF DEPOSIT	IN WHOSE NAME

B STOCKS BONDS ETC.	NAME OF SECURITY	NO. SHARES	PAR VALUE	MARKET VALUE	IN WHOSE NAME REGISTERED	IF PLEDGED, TO WHOM AND FOR WHAT PURPOSE

C ACCOUNTS RECEIVABLE FROM COMPLETED CONTRACTS	AMOUNT	WHEN DUE	FROM WHOM DUE - NAME & ADDRESS	NATURE OF CONTRACT	AMOUNT OF CONTRACT

D EARNED ESTIMATES, RETAINAGE, LABOR AND MATERIALS (NOT BILLED) ON UNCOM- PLETED CONTRACTS	CURRENT EARNED ESTIMATES	RETAINAGE EARNED AND WITHHELD	LABOR & MATERIALS (NOT YET BILLED)	DESIGNATION OF CONTRACT AND ADDRESS FROM WHOM DUE	CONTRACT PRICE	COMPLETION DATE

E OTHER ACCOUNTS RECEIVABLE	AMOUNT	WHEN DUE	FOR WHAT DUE	IS IT GOOD?	NAME & ADDRESS FROM WHOM DUE

F NOTES RECEIVABLE	AMOUNT	WHEN DUE	FOR WHAT DUE	HOW SECURED	NAME & ADDRESS FROM WHOM DUE

G MATERIALS	DESCRIPTION		COST PRICE	MARKET VALUE

H EQUIPMENT	QUAN- TITY	DESCRIPTION AND CAPACITY	AGE	PURCHASE PRICE	DEPRECIATION CHARGED OFF	BOOK VALUE	ENCUMBRANCE	AMOUNT PAYABLE MONTHLY

I REAL ESTATE	LOCATION AND DESCRIPTION OF PROPERTY	IN WHOSE NAME IS TITLE	PRESENT FORCED SALE VALUE	AMOUNT OF MORTGAGE	NAME OF MORTGAGEE

J NOTES PAYABLE	AMOUNT	TO WHOM PAYABLE - NAME AND ADDRESS	PURPOSE	SECURITY	WHEN DUE	

K EARNED ESTIMATES AND RETAINAGE DUE SUB- CONTRACTORS	CURRENT EARNED ESTIMATES	RETAINAGE EARNED AND WITHHELD	DESIGNATION OF CONTRACT AND NAME AND ADDRESS TO WHOM DUE	AMOUNT OF CONTRACT	ESTIMATES PAID TO DATE	

L ACCOUNTS PAYABLE, INCLUDING COST OF LABOR AND MATERIALS NOT YET BILLED	AMOUNT	NAME AND ADDRESS TO WHOM PAYABLE	FOR WHAT	PURCHASE DATE	DATE EXPECT TO PAY	

CORPORATIONS ANSWER HERE	DATE INCORPORATED	AUTHORIZED CAPITAL \$ _____	PRESIDENT	AGE	FINANCIAL WORTH OUTSIDE CORP.
		CAPITAL PAID IN CASH \$ _____	VICE PRESIDENT		
	STATE INCORPORATED	CAPITAL PAID IN EQUIPMENT, ETC. \$ _____	SECRETARY		
		TOTAL PAID UP CAPITAL \$ _____	TREASURER		

PARTNERSHIPS ANSWER HERE	DATE OF ORGANIZATION:	NAME AND ADDRESS OF PARTNERS	AGE	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> LIMITED			
	SEPARATE STATEMENTS SHALL BE FILLED OUT AND SIGNED BY EACH MEMBER OF THE FIRM SHOWING HIS INDIVIDUAL ASSETS AND LIABILI- TIES EXCLUSIVE OF HIS PARTNERSHIP INTEREST.			

ARE YOU ENGAGED IN ANY OTHER LINE OF BUSINESS?

HAVE YOU EVER FAILED IN BUSINESS OR COMPROMISED WITH CREDITORS?

IF ANY SURETY COMPANY EVER PAID A LOSS ON YOU AS AN INDIVIDUAL, OR, IF A FIRM, ON ANY OF THE FIRM MEMBERS, OR, OF A CORPORATION, ON ANY OF THE OFFICERS, GIVE NAME OF SURETY COMPANY AND DETAILS.

HAVE YOU EVER DEFAULTED ON A CONTRACT?

IF YOU HAVE FURNISHED BONDS BEFORE, GIVE NAMES OF YOUR SURETIES.

BANK	NAME & ADDRESS	WHERE CREDIT LINES ESTABLISHED	AMOUNT	SECURITY BANK REQUIRES
			\$	
			\$	
			\$	

ARE YOU AT THIS TIME DISCOUNTING BILLS PAYING IN 30 TO 60 DAYS PAYING OVER 60 DAYS ARE YOU PAYING ANY BILLS BY NOTES? YES NO	DO YOU HAVE YOUR BOOKS PERIODICALLY AUDITED BY A C.P.A. OR OTHER LICENSED ACCOUNTANT? YES NO IF "YES" GIVE DATE OF LAST AUDIT AND NAME OF ACCOUNTANT.	NAME & ADDRESS OF SUBSIDIARY COMPANIES AND % OF CONTROL DESCRIBE ANY CONTINGENT LIABILITIES:
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— INSURANCE CARRIED —

FIDELITY BONDS ON OFFICERS & EMPLOYEES	AMOUNT/LIMITS	ISSUING COMPANY			
LIFE		ON WHOM CARRIED	TO WHOM PAYABLE	ISSUING COMPANY	SURRENDER VALUE
FIRE		ON WHAT CARRIED			ISSUING COMPANY
WORKERS' COMPENSATION AND LIABILITY		ISSUING COMPANY			
OTHER		CHARACTER	ISSUING COMPANY		

NAME AND ADDRESS OF CONCERNS FROM WHOM YOU BUY

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

For the purpose of inducing Company to issue or procure the issuance of bonds and other writings obligatory in the nature thereof, either on behalf of the undersigned or on behalf of any principal for which the undersigned is acting as an indemnitor, and of establishing and procuring credit from time to time without depositing collateral security to the full amount thereof, the undersigned furnish(es) Company the foregoing as a true and accurate statement of the undersigned's financial condition as of the date given and hereby represent(s) that answers to the foregoing interrogatories are true. The undersigned agree(s) to notify Company promptly of any change that materially reduces the undersigned's pecuniary financial responsibility, and to furnish additional or supplemental financial statements or other information from time to time as required by Company. The undersigned hereby authorize(s) and request(s) any or all depositories or banks in which any funds of the undersigned may be deposited or from which moneys may be borrowed, to advise Company whenever requested by it, the amount of such deposits and/or loans; and any depository bank, material man, supply house, or other person, firm, or corporation is hereby authorized to furnish any information requested by Company concerning any transactions with the undersigned; and Company may furnish copies of the foregoing statement and any information which it now has, or may hereafter obtain, to other companies for the purpose of securing reinsurance or co-insurance.

THIS FORM WAS PREPARED BY : APPLICANT BOOKKEEPER C.P.A. FROM DATA COMPILED BY : APPLICANT BOOKKEEPER C.P.A.

SIGNED AND SEALED THIS _____ DAY OF _____ 20__

NOTE: IF A CORPORATION, SIGN CORPORATE NAME BY AND AUTHORIZED OFFICER, AND IMPRESS CORPORATE SEAL. IF A PARTNERSHIP, EACH MEMBER OF FIRM SHALL AFFIX SIGNATURE BELOW FIRM NAME.

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ A.D., 20__

NOTARY PUBLIC