12-FL-292.4eW - October 2

Net Worth Statement

For personal and/or new business information

Available in fillable PDF form

1. General information									
Name						Date of bir	th/	_/_	NO /
Address				Р	ostal Code		мм об		YY
Marital Status									
		_ 50003	C 3 INC	airie					
2. Balance sheet as at		_							
ASSETS					LIABILITIES				
Cash and term deposits		\$			=	edit Institution Loans	\$		
Accounts and notes receivable	!				_ Credit cards				
Inventory					_ Accounts Payable/				
Other		_			- -	Credit Institutions Lo	oans		
Investments (complete No. 2A)					Mortgage loans				
Fixed assets:					Financial Institut	ion:			
Real Estate (complete No. 2E	3)				Name				
Other	•				Address				
Other assets									
Other assets					Other loans and no	tes payable			
					Other liabilities				
	TOTAL ASSET	s \$			_	TOTAL	LIABILITIES \$		
	MI	T WADTH	TO	TAI ACCE	TS - TOTAL LIABILITIE	c ¢			
			10	IAL ASSI	113 - TOTAL LIABILITIE	3 φ			
2A. Investments (Stock, B	onds and Mutual	Funds)							
Name of Security				Number	of Shares	Market V	alue		
Owners Address			Year Purchased	Purchased Price	Municipal Assessment	Mortga Balan			
3. Additional information									
What is your Total Annual Pers	onal Income from all	sources?	\$						
			Yes	No				Yes	No
Are you involved in more than	one line of business?				Has there ever b	een anv judament o	r action against you?		
Have you, or has a company which you fully or partially own						unpaid taxes from p			$\overline{\Box}$
or owned, ever failed in busine	ess?				, ,		·		_
Are you a guarantor for a third	party?								
If yes, provide details on a sepa	arate sheet of paper.								
I declare the information I have provious of this statement. Authority is hereb concerning the above statement or provided in the concerning the concer	y granted to any individu	al, firm or co	rporat	ion, and a	ny financial institution to fu	rnish Intact Insurance Co			
I may have provided personal inform but is not limited to, my credit inforn broker's or Surety's policy regarding detecting and preventing fraud, and above on their behalf.	nation and claims history personal information, for	. I authorize n the purpose	my bro	ker or the mmunicat	Surety to collect, use and di ing with me, assessing my a	sclose any of this person pplication for surety and	al information, subject to underwriting my bonds, e	the law and evaluating	d to my claims,
Signature					Date				
Intact Insurance Company	Telephone	FA	λX				F .	-	-
calgary.surety@intact.net edmonton.surety@intact.net vancouver.surety@intact.net winnipeg.surety@intact.net	1 800 668 8384 1 800 661 2958 1 888 669 0595 1 877 292 2606	403 26 780 40 604 66 204 94	53 819 09 420 59 164)2 6			inta	act] :