

# Personal Balance Sheet

Contract surety

Name		Date of birth	Social Insurance Number	
Address		City	Province	Postal code
Telephone No. (home)	Residence <input type="checkbox"/> Owner <input type="checkbox"/> Tenant		How long at this address?	
Occupation	Employer		How long have you worked for this employer?	
Telephone No. (work)	Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Number of people under your responsibility?
Name of spouse		Date of birth	Social Insurance Number	

## Financial Information

as of \_\_\_\_\_ (day) / \_\_\_\_\_ (month) / \_\_\_\_\_ (year)

Assets	Amount	Liabilities	Amount
Bank balance		Bank loan	
Bank		Bank	
Address		Address	
Car model                      Year		Mortgages	
Securities (see Appendix A)			
Accounts receivable		Credit cards	
Real estate (see Appendix B)		Other obligations	
Retirement accounts			
Other assets (goods, furniture, etc.)			
Life insurance	N/A	<b>Total liabilities</b>	
Surrender value		Net worth	
<b>Total assets</b>	<b>\$</b>	<b>Total liabilities and net worth</b>	<b>\$</b>

### Sources of Income

Your gross monthly salary	\$
Spouse's gross monthly salary	
Net monthly income from rental operations	
Other income (specify)	

### Personal Commitments

Have you given your personal guarantee towards commitments not specified above (co-signer, endorser, bond?)  <input type="checkbox"/> Yes <input type="checkbox"/> No
Details

## Appendix A / Securities

F10.05.01A R19

## Personal balance sheet

Quantity	Description	Market value	Given as guarantees
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total</b>		<b>\$</b>	

### Appendix B / Real Estate

Type of property <input type="checkbox"/> Residential <input type="checkbox"/> Multifamily <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial		Market value \$	1 <sup>st</sup> mortgage \$
Address		Owner at: %	2 <sup>nd</sup> mortgage \$
City	Province	Purchase price \$	Date of purchase
Name of 2 <sup>nd</sup> owner	Name of creditor (1 <sup>st</sup> mortgage)		Name of creditor (2 <sup>nd</sup> mortgage)

Type of property <input type="checkbox"/> Residential <input type="checkbox"/> Multifamily <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial		Market value \$	1 <sup>st</sup> mortgage \$
Address		Owner at: %	2 <sup>nd</sup> mortgage \$
City	Province	Purchase price \$	Date of purchase
Name of 2 <sup>nd</sup> owner	Name of creditor (1 <sup>st</sup> mortgage)		Name of creditor (2 <sup>nd</sup> mortgage)

### General information

Have you ever been involved in a personal or commercial bankruptcy?  <input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No	Please specify :
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### Consent

By signing this form, I give full consent to L'UNIQUE General Insurance inc. to obtain at all times, all information in respect to my personal credit rating or personal information or other (including information contained in my personal file) from a credit bureau, a personal information agent, a credit supplier or an insurer, my employer or any other person in respect to the channels we may be in contact with or those that L'UNIQUE General Insurance inc. or myself wish to establish. L'UNIQUE General Insurance inc. may divulge this information to the aforementioned parties or it may exchange such information with the aforementioned parties and I understand fully that this herein constitutes a written notice of the preceding.

### Declaration

I certify that the information contained herein is truthful, complete and accurate and I understand that L'UNIQUE General Insurance inc. will use this information for the analysis, or the maintenance of its bonding facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date