



**Bouchard Insurance**

**PERSONAL FINANCIAL STATEMENT**

www.bouchardinsurance.com

P.O. Box 6090

Clearwater, FL 33758-6090

727-477-6481 800-966-6481

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Employer Name	

ASSETS		LIABILITIES	
Cash on hand & in Banks – Schedule A	\$	Accounts Payable – Schedule D	\$
IRA or Other Retirement Account	\$	Notes payable to banks and Others – Schedule E	\$
Accounts & Notes Receivable	\$	Credit Cards – Schedule F	\$
Life Insurance (Cash Surrender Value Only) – Schedule B	\$	Loans on Life Insurance	\$
Stock and Bonds – Schedule A	\$	Due to brokers – margin loans	\$
Real Estate Owned – Schedule C	\$	Mortgages on Real Estate & Equity Lines	\$
Automobile & other Personal Property	\$	Unpaid Taxes	\$
Other Personal Property – Itemize Below	\$	Other Debts – Itemize Below	\$
		Total Liabilities	\$
		Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

SOURCES OF INCOME		CONTINGENT LIABILITIES	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income	\$	Other Special Debt	\$



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**SCHEDULE A – CASH, STOCK AND/OR BONDS**

Type of Account	Name of Bank or Broker	Are these Pledged?	Total Value

**SCHEDULE B – LIFE INSURANCE HELD**

Face Amount	Name of Insurance Company	Beneficiaries	Total Value

**SCHEDULE C – REAL ESATE OWNED**

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**SCHEDULE D – ACCOUNTS PAYABLE**

Name of Lender	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Secured or Endorsed Type of Collateral



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**SCHEDULE E – NOTES PAYABLE**

Name of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Secured or Endorsed Type of Collateral

**SCHEDULE F – CREDIT CARDS**

Name of Lender	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Secured or Endorsed Type of Collateral

The undersigned certify that everything stated on the front and back of this Personal Financial Statement and any other documents or information submitted in connection with this Personal Financial Statement is true, accurate, and complete as of the stated date.

Signature	Print Name
Date	Social Security Number