

Personal Net Worth Statement

| | |
|--|---------------------------------|
| 1. Legal Name of Individual: _____ | |
| 2. Residence Address: _____ | |
| 3. Business Address: _____ | |
| 4. Home Phone Number : _____ | 5. Business Phone Number: _____ |
| 6. Email: _____ | 7. Birthday (dd/mmm/yy): _____ |
| 8. Statement of Assets and Liabilities as of: _____ (dd/mm/yyyy) | |

| Current Assets |
|---|
| Cash: _____ |
| Financial Institution Addresses: _____ |
| _____ |
| _____ |
| Non-Registered Stocks, Bonds etc. (Schedule "A") : _____ |
| Pension: _____ |
| RSP or Other Registered Funds: _____ |
| Accounts & Notes Receivable (Schedule "B"): _____ |
| Life Insurance: _____ |
| Total of Other Current Assets: _____ |
| Listing of Other Current Assets: _____ |
| _____ |
| _____ |
| TOTAL CURRENT ASSETS: _____ |

| Current Liabilities |
|---|
| Accounts Payable (Schedule "D"): _____ |
| Bank Loans (Schedule "D"): _____ |
| Loans Payable (Schedule "D"): _____ |
| Credit Card Balances: _____ (Schedule "D") |
| Income Taxes Due (Schedule "D"): _____ |
| Total of Other Current Liabilities: _____ |
| Listing of Other Current Liabilities: _____ |
| _____ |
| _____ |
| TOTAL CURRENT LIABILITIES: _____ |

| Fixed Assets |
|---|
| Real Estate (Schedule "C"): _____ |
| Total Other Personal Property: _____ |
| Listing of Other Personal Property: _____ |
| _____ |
| _____ |
| TOTAL FIXED ASSETS: _____ |

| Deferred Liabilities |
|---|
| Mortgages on Real Estate: _____ (Schedule "C") |
| Total of Other Deferred Liabilities: _____ |
| Listing of Other Deferred Liabilities: _____ |
| _____ |
| _____ |
| TOTAL LIABILITIES: _____ |

Personal Net Worth: \$ _____
(Total Assets - Total Liabilities)

Please See Next Page....

| Schedule "A" - Non-Registered Stocks, Bonds Etc. | | | | |
|--|---------------|-----------|--------------|--|
| Name Of Security | No. of Shares | Par Value | Market Value | If Pledged, To Whom and For What Purpose |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Schedule "B" - Accounts & Notes Receivable | | | |
|--|--------|----------------------|-------|
| From Whom | Amount | Date Due (dd/mmm/yy) | Terms |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Schedule "C" - Real Estate | | | | | | |
|--------------------------------------|------------------|------------------------------|----------------|-------------------|--------------------|-----------------------|
| Location and Description of Property | Registered Owner | Date of Purchase (dd/mmm/yy) | Purchase Price | Fair Market Value | Amount of Mortgage | Financial Institution |
| Principal Residence | | | | | | |
| Other: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Schedule "D" - Accounts Payable, Bank Loans, Loans Payable and Credit Cards | | | |
|---|--------|----------------------|-------|
| To Whom | Amount | Date Due (dd/mmm/yy) | Terms |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Declaration: The undersigned hereby declare(s) that:

1. All the information provided herein is to the best of my/our knowledge true, complete and correct and understand it will be used by the Surety to determine credit worthiness; and

2. I/We consent(s) to the Surety making any enquiries it deems necessary to reach a decision on this application, and consent(s) to the disclosure at any time of any credit information about me/us to any credit reporting agency or to any one with whom I/we have financial relations.

Privacy Consent

Please note that without your consent the Surety will be unable to consider your application.

The undersigned acknowledge that the evaluation of any application for products of the Surety will involve the collection, use and disclosure of personal information, including the information contained herein and other sources gathered through legal means.

Such collection, use and disclosure of personal information is for the purposes of underwriting bonds and policies, as well as bond or policy management, which shall include conducting initial and on-going credit investigations, as well as Surety activities associated with all extensions, renewals, substitutions and modifications of the bonds or policies, and claims administration.

In the ordinary course of the Surety's business, personal information may be disclosed to reinsurers, legal advisors, credit bureaus, other financial institutions, regulatory bodies and any third party deemed necessary by the Surety.

In the event information about other individuals (e.g. family members, employees, shareholders) is provided or collected from other sources, the undersigned represent and warrant that those persons have consented, to the extent required by law, to the collection, use and disclosure of their personal information for the afore-mentioned purposes.

The undersigned hereby agree and consent to the Surety's:

- a) collection and use of personal information concerning the undersigned for the purposes described above; and
- b) disclosure of the undersigned's personal information, for the purposes described above to such third parties as deemed necessary by the Surety.

Subject to any legal limitations, you may access and correct, where necessary, your personal information held by the Surety. If you would like to do so please contact the Surety's Privacy Officer at our registered address.

For further information, the Surety's Privacy Policy is available for review online at www.travelerscanada.ca.

IN WITNESS WHEREOF the undersigned have executed and sealed this Personal Net Worth Statement.
this _____ day of _____, 20_____.

| | |
|---|----------------------------|
| Signed at _____ | |
| Signature of Witness (Witness must be an unrelated third party) | Signature of Individual |
| _____ | _____ |
| Printed name of Witness | Printed name of Individual |
| _____ | _____ |
| Address of Witness | Address of Individual |
| _____ | _____ |
| Phone Number of Witness | Phone Number of Individual |
| _____ | _____ |

| | |
|---|----------------------------|
| Signed at _____ | |
| Signature of Witness (Witness must be an unrelated third party) | Signature of Individual |
| _____ | _____ |
| Printed name of Witness | Printed name of Individual |
| _____ | _____ |
| Address of Witness | Address of Individual |
| _____ | _____ |
| Phone Number of Witness | Phone Number of Individual |
| _____ | _____ |