

**SENECA INSURANCE COMPANY, INC. NEW YORK, NEW YORK**

**PERSONAL FINANCIAL STATEMENT OF:**

Name:		Ssn #:
Address:		
Spouse:		Ssn#:
Home: (        )	Bus: (        )	

As of:	Year:
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CURRENT ASSETS	Dollars	Cents	CURRENT LIABILITES	Dollars	Cents
Cash on Hand			Notes Payable (names and addresses)		
Cash In Banks (list banks)					
			Sales Contracts & Chattel Mfgs. (Secdule 6)		
Stocks & Bonds (Schedule 1)			Accounts Payable		
Accounts receivable (Schedule 2)			Current portion long term debt		
Notes Receivable (Schedule 3)			Other current liabilites (Schedule 6)		
Other current assets (Itemize):					
			Current Year's Income Taxes Unpaid		
			Prior Years Income Taxes Unpaid		
			Real Estate Taxes Unpaid		
<b>TOTAL CURRENT ASSETS</b>			<b>TOTAL CURRENT LIABILITES</b>		
<b>FIXED ASSETS</b>			<b>LONG TERM LIABILITES</b>		
Real Estate (Schedule 4):			Real Estate debt (Schedule 4)		
Residence			Residence		
Other			Other		
Cash Value of Life Insurance (Schedule 5)			Borrowed on Life Insurance (Schedule 5)		
Other assets and investments (Schedule 6)			Other long term debt (Schedule 6 )		
			<b>TOTAL LONG TERM LIABILITES</b>		
<b>TOTAL FIXED ASSETS</b>			<b>NET WORTH</b>		
<b>TOTAL ASSETS</b>			<b>TOTAL LIABILITY &amp; NET WORTH</b>		

Contingent Liabilites For Endorssement Guarntees:\$	For other purposes: \$
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Details relative to Assets and Liabilities (if space is needed attach supplemental list)

**Stocks And Bonds: (Schedule 1)** *Please provide copies of Stock and Bond Certificates you are pledging.*

Security Description	No. Shares	Exchange	Dividend PD	No. Pledged	Where Pledged	Book Value	Mkt Value

**Accounts Receivable: (Schedule 2)** **Totals**

Maker	Endorser	Maturity	Interest%	Secured By	Face Value	Balance

**Notes Receivable: (Schedule 3)** **Totals**

Maker	Endorser	Maturity	Interest%	Secured By	Face Value	Balance

**Real Estate: (Schedule 4)** **Totals**

Description	Title in Name of	Mkt Value	Mtg Amount	Mtg Date	Mo. Payment	Mo. Income
<b>Totals</b>						

*Please provide copies of current: Tax statements, Mortgage statements, Deed of Trust, Appraisals, Promissory Notes, Etc.*

**Life Insurance Cash Value: (Schedule 5)**

Insurance Company	Beneficiary	Policy #	Face Amt	Cash Value	Amt of Loan	Premium Amt

\_\_\_\_\_  
Signature
Signature

SWORN TO AND SUBSCRIBED BEFORE ME  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 (NOTARY PUBLIC)  
 MY COMMISSION EXPIRES ON DATE: \_\_\_\_\_