



RLI Insurance Company  
 P.O. Box 3967 Peoria IL 61612-3967  
 Phone: 309-692-1000 Fax: 309-692-8637

# Personal Financial Statement Form

<b>PERSONAL INFORMATION</b>	Name	Date of Birth	Social Security Number	Address
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Spouse's Name	Date of Birth	Social Security Number
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**Statement of Assets and Liabilities as of \_\_\_\_\_.**

ASSETS	LIABILITIES
Cash on Hand \$ _____	Notes Payable \$ _____
Cash in following banks	Accounts Payable \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	Taxes Due \$ _____
Marketable Securities \$ _____	Mortgages on Real Estate
_____ \$ _____	Description and location
_____ \$ _____	1. _____ \$ _____
Notes Receivable \$ _____	2. _____ \$ _____
Real Estate in MY name	3. _____ \$ _____
Description and location	Other Liabilities (describe)
1. _____ \$ _____	_____ \$ _____
2. _____ \$ _____	_____ \$ _____
3. _____ \$ _____	
Personal Property	<b>TOTAL LIABILITIES</b> \$ _____
_____ \$ _____	
Other Assets (describe)	<b>NET WORTH</b> \$ _____
_____ \$ _____	
<b>TOTAL ASSETS</b> \$ _____	<b>TOTAL LIABILITES AND NET WORTH</b> \$ _____

The undersigned hereby certifies that the list of assets and liabilities given herein is a true and correct statement of the financial condition on the date given above and that the depositories are hereby authorized to confirm any inquiry made by \_\_\_\_\_ **RLI Insurance Company** or its representatives as to any statement made herein relative to monies on deposit or loans made.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**X** \_\_\_\_\_  
 (Sign here)

**X** \_\_\_\_\_  
 (Sign here)

<b>AGENT/BROKER INFORMATION</b>	Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip
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