



Surety
Tel 514.875.0600
Toll Free 800.361.9427
Fax 514.875.0666

Travelers Insurance Company of Canada
1010 de la Gauchetiere Street West
Suite 1100
Montreal, Quebec H3B 2N2
www.travelerscanada.ca

PERSONAL NET WORTH STATEMENT

GENERAL INFORMATION
Name of Individual: Residence Address:
Phone Number: Cellular: Fax:
Owner: Tenant: Since: Y / M / D
Civil Status: Married: Single: Common Law Spouse:
Social Insurance Number: / / Date of Birth: y / M / D
Actual Employer: Occupation: Since:
Previous Employer: Occupation: Since:
Name of Spouse: Spouse Gross Income:
Name of Spouse Employer: Occupation:

STATEMENT OF ASSETS AND LIABILITIES AS OF / /

ASSETS LIABILITIES
Bank Balance: \$ Bank Loans: \$
Term Deposits: Credit Card:
Stocks, Bonds: Line of Credit:
(Complete Schedule A) Car Loan:
Retirement Savings Account: Income Tax to pay:
Pension Fund Plan: Bearing Note:
Real estate: Mortgage Loan:
(Complete Schedule B) Other Assets: (describe) Other Liabilities: (describe)
Total Assets: \$ Total Liabilities: \$
Personal Net Worth: \$

Schedule A) STOCKS & BONDS
Table with 6 columns: Description /Name of Security, Number of Shares, Due Date Y/M/D, Purchasing Price, Market Value, If pledged, to whom and for what purpose?

Schedule B) REAL ESTATE: (please include Copy (ies) of Municipal Taxes Statement)
Table with 7 columns: Address and description, In whose Name, Purchasing Year, Purchasing Price, Municipal Evaluation, Balance of Mortgage, Due Date

ADDITIONAL INFORMATION
Table with 3 columns: No, Yes, Details
Have you ever failed in Business?
Are there any Lawsuits, Judgments or Liens pending against you?
Are you Endorser for a third Party?
Do you have unpaid Taxes?

The Undersigned hereby declares that the above statements are true and authorizes the Bank and other references to verify the correctness of the statements requested by Travelers Insurance Company of Canada

Date: / / Signed: