



South Carolina Department of Insurance

P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6134

MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

PROFESSIONAL BONDSMAN'S FINANCIAL STATEMENT

NAME _____ DATE _____

RESIDENCE ADDRESS _____ PHONE _____

BUSINESS ADDRESS _____ PHONE _____

TO: Director of Insurance, State of South Carolina

For the purpose of obtaining\renewing (circle appropriate category) a professional bondsman's license, the undersigned makes the following statement of my financial condition as of the ____ day of _____, _____, (date selected must be within 45 days preceding application) and certifies that the information hereinafter set forth is in all respects true, accurate and complete and correctly reflects the financial condition of the undersigned on the date aforementioned.

FILL ALL BLANKS, writing "no" and "none" where necessary to complete information. If additional space is needed, complete answers on additional sheets of paper and attach hereto.

ASSETS

LIABILITIES (other than as listed herein)

Cash on hand & in Banks	\$ _____	00	Balance payable on Notes & Accounts payable to Banks (Detail in Schedule D)	\$ _____
Notes & Accounts due me	\$ _____	00	Balance payable on Notes & Accounts payable to other (Detail in Schedule E)	\$ _____
Stocks & Bonds (Detail in Schedule A)	\$ _____	00	Taxes Due	\$ _____
Furniture & Fixtures used in Business	\$ _____	00	Rent Due	\$ _____
Real Estate (Detail in Schedule B)	\$ _____	00	Other Liabilities (Specify)	_____
Motor Vehicles (Detail in Schedule C)	\$ _____	00	_____	_____
Other: (Specify)			_____	_____
Deposit Held by Clerk of Court	\$ _____	00		
Cash Value	\$ _____	00	_____	_____
TOTAL ASSETS	\$ _____		TOTAL LIABILITIES	\$ _____

NET WORTH \$ _____

I carry \$ _____ life insurance in _____ company(ies)
 payable to _____, the present cash value of which is \$ _____ and on
 which I have borrowed \$ _____
 My total contingent liability as endorser, bail bondsman and otherwise does not exceed \$ _____

INCOME

My income for the preceding calendar year was:

Earned (salary, commissions, fees, etc.) \$ _____

Rents Received _____

Interest and Dividends Received _____

Other income from _____

GROSS INCOME \$ _____

Taxes Paid during year \$ _____

Interest Paid _____

Repairs _____

Other Business Expenses _____

TOTAL BUSINESS EXPENSES \$ _____

NET INCOME \$ _____

I CERTIFY THAT THE FOREGOING FINANCIAL STATEMENT IS IN ALL RESPECTS A TRUE, ACCURATE AND COMPLETE ACCOUNT OF MY FINANCIAL CONDITION AS OF THE ABOVE INDICATED DATE.

SWORN to and subscribed before me
 this _____ day of _____, _____

Signature

 NOTARY PUBLIC FOR STATE OF SOUTH CAROLINA

MY COMMISSION EXPIRES: _____

ASSETS

STOCKS AND BONDS - SCHEDULE A

<u>NAME OF ISSUER</u>	<u>NUMBER OF SHARES OF BONDS</u>	<u>REGISTERED IN NAME OF</u>	<u>FAIR MARKET VALUE</u>	<u>TO WHOM PLEDGED (if any)</u>
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TOTAL \$ _____ 00

REAL ESTATE - SCHEDULE B

<u>DESCRIPTION</u>	<u>LOCATION (ADDRESS AND COUNTY)</u>	<u>TITLE IN NAME OF</u>	<u>FAIR MARKET VALUE</u>	<u>AMOUNT OF OUTSTANDING MORTGAGES (if any)</u>
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TOTAL \$ _____ 00

MOTOR VEHICLES - SCHEDULE C

<u>DESCRIPTION (YEAR, MAKE, MODEL)</u>	<u>REGISTERED IN NAME OF</u>	<u>FAIR MARKET VALUE</u>	<u>AMOUNT OF ANY LIENS (if any)</u>
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TOTAL \$ _____ 00

LIABILITIES

AMOUNT DUE TO BANKS - SCHEDULE D

NAME OF BANK

COLLATERAL

OUTSTANDING BALANCE OWED

TOTAL \$ _____ 00

AMOUNTS DUE OTHERS - SCHEDULE E

NAME OF CREDITOR

COLLATERAL

OUTSTANDING BALANCE OWED

TOTAL \$ _____ 00