

# The Statement

For personal and/or new business information

## 1. General information

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

## 2. Balance sheet as at \_\_\_\_\_

ASSETS		LIABILITIES	
Cash and term deposits	\$ _____	Current Bank or Credit Institution Loans	\$ _____
Accounts and notes receivable	_____	Credit cards	_____
Inventory	_____	Accounts Payable/Unpaid Bills	_____
Other _____	_____	Long-term Bank or Credit Institutions Loans	_____
Investments (complete No. 2A)	_____	Mortgage loans	_____
Fixed assets:		Financial Institution:	
Real Estate (complete No. 2B)	_____	Name _____	
Other _____	_____	Address _____	
Other assets _____	_____	_____	
		Other loans and notes payable _____	_____
		Other liabilities _____	_____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

**NET WORTH** TOTAL ASSETS – TOTAL LIABILITIES \$ \_\_\_\_\_

## 2A. Investments (Stock, Bonds and Mutual Funds)

Name of Security	Number of Shares	Market Value
_____	_____	_____
_____	_____	_____

## 2B. Detail of Real Estate (Please attach copy of property assessment)

Owners	Address	Year Purchased	Purchased Price	Municipal Assessment	Mortgage Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## 3. Additional information

What is your Total Annual Personal Income from all sources? \$ \_\_\_\_\_

Are you involved in more than one line of business?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Has there ever been any judgment or action against you?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Have you, or has a company which you fully or partially own or owned, ever failed in business?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any unpaid taxes from previous years?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a guarantor for a third party?	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, provide details on a separate sheet of paper.

I declare the information I have provided herein to be true and correct and I understand that the Intact Insurance Company in granting suretyship relies upon the accuracy and completeness of this statement. Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish Intact Insurance Company at its request, with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or the Surety to collect, use and disclose any of this personal information, subject to the law and to my broker's or Surety's policy regarding personal information, for the purposes of communicating with me, assessing my application for surety and underwriting my bonds, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Intact Insurance Company	TELEPHONE	FAX	TOLL-FREE FAX
Montreal	1 800 561 7251	514 282 7954	1 855 773 5849
Quebec	1 800 463 5140	418 654 3405	1 855 773 5849
Saint-Hyacinthe	1 800 363 5401	450 773 5849	1 855 773 5849

E-mail address: [quebec.surety@intact.net](mailto:quebec.surety@intact.net)

