



**DEPARTMENT OF FINANCIAL SERVICES**

*Division of Insurance Agent & Agency Services - Bureau of Licensing*

200 East Gaines Street, Larson Building Room 419

Tallahassee, FL 32399-0319

**PROFESSIONAL BAIL BOND AGENT FINANCIAL STATEMENT**

**ASSETS**

- 1. Cash on hand and in banks..... \$ \_\_\_\_\_
- 2. Notes and accounts receivable – considered good and collectible..... \_\_\_\_\_
- 3. Notes and accounts receivable – considered doubtful and included at estimate value..... \_\_\_\_\_
- 4. Bond, stock and other securities owned at current market or estimated actual value (schedule).. \_\_\_\_\_
- 5. Mortgages owned considered good and collectible..... \_\_\_\_\_
- 6. Mortgages owned considered doubtful and included at estimated value..... \_\_\_\_\_
- 7. Cash surrender value of life insurance (schedule)..... \_\_\_\_\_
- 8. Other assets:
  - \_\_\_\_\_
  - \_\_\_\_\_
- 9. Total Assets..... \$ \_\_\_\_\_

**LIABILITIES**

- 1. Accounts payable..... \$ \_\_\_\_\_
- 2. Notes payable to banks and others including relative (schedule)..... \_\_\_\_\_
- 3. Chattel mortgages payable..... \_\_\_\_\_
- 4. Real estate mortgages payable..... \_\_\_\_\_
- 5. Interest and taxes due and unpaid..... \_\_\_\_\_
- 6. Loans payable on life insurance..... \_\_\_\_\_
- 7. Outstanding judgments..... \_\_\_\_\_
- 8. Assets pledged as surety..... \_\_\_\_\_
- 9. Other debts and liabilities (list)
  - \_\_\_\_\_
  - \_\_\_\_\_
- 10. Total Liabilities..... \$ \_\_\_\_\_

**BONDS, STOCKS AND OTHER SECURITIES OWNED**

- 1. Name and location of corporation: \_\_\_\_\_
- 2. Nature of business: \_\_\_\_\_
- 3. Description of security: \_\_\_\_\_
- 4. Par value of number of shares..... \$ \_\_\_\_\_
- 5. Market or estimated value..... \$ \_\_\_\_\_

**REAL ESTATE OWNED**

- | 1. Brief description of property (nature location and improvements including number of acres, if farm land.) | Assessed Value | Fair Market Value | Mortgages and liens | Equity   |
|--|----------------|-------------------|---------------------|----------|
| _____  | \$ _____       | \$ _____          | \$ _____            | \$ _____ |
2. Title to real estate listed above is recorded in bondsman's name, except as follows:  
\_\_\_\_\_
3. Taxes on real estate listed above has been paid in full to:  
\_\_\_\_\_
4. Interest on mortgages and other liens payable has been paid in full to:  
\_\_\_\_\_

**NOTES PAYABLE**

<u>To Whom Payable</u>	<u>Amount</u>	<u>Date Due</u>
_____	\$ _____	_____/_____/____
_____	\$ _____	_____/_____/____
_____	\$ _____	_____/_____/____

**PLEDGED ASSETS**

Assets included above which have been pledged or hypothecated and the specific notes, mortgages, or other deeds secured by these assets.

<u>Description of assets pledged</u>	<u>Value</u>	<u>Description of liability secured and to whom payable</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**OCCUPATIONAL INFORMATION**

- 1. Present occupation or profession: \_\_\_\_\_
- 2. Name of firm, company, or employer: \_\_\_\_\_
- 3. Position occupied and nature of duties: \_\_\_\_\_
- 4. Number of years in present capacity: \_\_\_\_\_
- 5. List of firms, companies, corporations, and organizations of which I am presently a director, officer, employee, or partner: \_\_\_\_\_
- 6. Name and location of each financial Institution in which any assets are held: \_\_\_\_\_
- 7. List "other assets" as itemized in item 8 of Assets section and give location of each of them: \_\_\_\_\_

I hereby certify that the foregoing information and statement of financial condition is true and correct to the best of my knowledge and belief, and that I am submitting this statement, as of \_\_\_\_\_, 20\_\_\_\_, as requested by the Chief Financial Officer of the State of Florida.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
License Number

\_\_\_\_\_  
City State Zip Code