

BUSINESS FINANCIAL STATEMENT

(for other than sole proprietorship)

If PTRCB is selected to meet the Financial Responsibility requirement, the owner/operator must choose an additional mechanism to cover \$17,500.00 Co-payment requirement of the PTRCB fund when self-insurance is selected for the copay requirement.

Name: _____ Business Phone: _____
 Address: _____
 City, State and Zip Code: _____
 Business Name of Owner/Operator: _____
 Facility Number _____ Financial Statement as of _____

ASSESTS		LIBILITIES	
Cash in Banks		Accounts Payable	
Cash on hand		Notes Payable	
Accounts Receivable		Other Liabilities or Accruals Mortgages on Real Estate (Describe Below)	
Notes Receivable		Other Mortgages, Liens, Security Interest or Encumbrances.	
Land			
Supplies			
Buildings and Real Estate			
Equipment (fair market value)			
TOTAL ASSETS		TOTAL LIABILITIES	

TOTAL ASSESTS	
TOTAL LIABILITIES	
NET WORTH	

The undersigned certifies that all information is true and accurate and was taken from the books and records of the above named business as of the date below.

_____ signature of authorized official
 _____ date