

If the mechanism selected by the owner/operator is the PTRCF Fund, then regulations require certification of tangible net worth equal to the required remaining amount of coverage (currently \$17,500). This certification must be on this form that is approved by the department.

Personal Financial Statement for Sole Proprietorship
As of _____, 20__

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

ASSESTS	LIABILITIES
Cash on Hand	Accounts Payable
Savings Accounts	Notes Payable
Accounts and Notes Receivable	Installment Account(s)
Life Insurance – Cash Surrender Value Only	Loan on life insurance
Stocks and Bonds	Mortgages on Real Estate
Real Estate	Unpaid taxes
Automobile (present value)	Other Liabilities
Other Personal Property	TOTAL
Other Assets	
TOTAL	

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: _____