



Medicare (DMEPOS) Individual Application

APPLICANT INFORMATION	Applicant Name (Exactly as listed with CMS)			<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLP
				<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	

Applicant Address		City	State	Zip
-------------------	--	------	-------	-----

Nature of Business or Occupation	<input type="checkbox"/> Pharmacy/Physician/Optician	<input type="checkbox"/> Medical Supply Co.	<input type="checkbox"/> Other	Total Number of Owners	Business Phone No.	Years in Business?
----------------------------------	--	---	--------------------------------	------------------------	--------------------	--------------------

Total of all Revenue Last Year	Total Revenue Last Year from Medicare	Year First Approved by CMS	Date of Last CMS Site Inspection	Any Irregularities discovered in inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------	---------------------------------------	----------------------------	----------------------------------	--	--

NPI Number	TIN Number	NSC/PTAN Number (if applicable)
------------	------------	---------------------------------

Is Applicant Licensed/Certified by State Board or Agency?	State of License	Type of License	License Number	Date Originally Licensed
---	------------------	-----------------	----------------	--------------------------

BOND INFORMATION	Bond Amount	Effective Date	Previous Surety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------	-------------	----------------	------------------	--

Does entity have multiple locations/NPI#s?	If yes, how many?
--	-------------------

PERSONAL INFORMATION	Must be completed by all owners. Use second page if more than one owner.
-----------------------------	--

Individual's Name	Percent Ownership	Social Security No.	Date of Birth
-------------------	-------------------	---------------------	---------------

Spouse's Name	Percent Ownership	Social Security No.	Date of Birth
---------------	-------------------	---------------------	---------------

Residence Address	City	State	Zip	Phone No.	How long at residence?
-------------------	------	-------	-----	-----------	------------------------

Current Residence	Current Value	Loan Balance	Ever declared bankruptcy?	Any unpaid IRS or state tax liens?	Any lawsuits pending against you?
-------------------	---------------	--------------	---------------------------	------------------------------------	-----------------------------------

INDEMNIFICATION AGREEMENT

I agree to indemnify **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize Surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. I further agree: **FIRST:** To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage. **SECOND:** To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgement against the bond, including any legal fees and expenses. **THIRD:** To individually, and jointly and severally with Principal and all other indemnitors, agree to hold harmless and indemnify Surety from any and all liability, damages, losses, costs and expenses of every kind including attorney fees, which may be sustained or incurred arising out of the execution enforcement, procurement of release, or other action involving the application and/or issuance of any bond. **FOURTH:** To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made. **FIFTH:** That Surety has the exclusive right to defend, settle, pay or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety. **SIXTH:** That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon. **SEVENTH:** To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself. **EIGHTH:** That a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement. **NINTH:** That I cannot terminate my liability to the Surety created by this agreement except by sending written notice by certified mail of intent to terminate to the Surety. Written notice to terminate shall be sent to the Surety at its home office, 9025 N. Lindbergh Dr. Peoria, IL 61615. I agree that the termination will be effective thirty working days after the actual receipt of such notice by the Surety, but only for bonds signed or committed to by Surety after the effective date. Thus, I agree that I will remain liable to the Surety for loss and expenses on bonds signed or committed to by Surety prior to the effective date of termination. **TENTH:** I agree that Surety can bring any legal action arising out of or in any way related to any Bond or this agreement in King County, Washington and that Washington law shall apply where Surety makes such election. **ELEVENTH:** This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for. **TWELFTH:** I agree that I have READ AND UNDERSTOOD this agreement, that I am signing as a PERSONAL INDEMNITOR, on behalf of my MARITAL COMMUNITY, and in my CORPORATE, PARTNERSHIP, or LLC CAPACITY, if any. The invalidity or unenforceability of any provision hereof shall in no way affect the validity or enforceability of any other provision. No missing signature shall invalidate this agreement.

Signed this _____ day of _____, _____.

X _____ Indemnitor Signature _____ Indemnitor Name (Print)

X _____ Spouse Signature _____ Spouse Name (Print)

X _____ Indemnitor Signature _____ Indemnitor Name (Print)

X _____ Spouse Signature _____ Spouse Name (Print)

AGENT/BROKER INFORMATION	Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip
---------------------------------	-------------------	------	-----------	---------	------	-------	-----

AGENT'S RECOMMENDATION	COMMENTS
-------------------------------	-----------------

<input type="checkbox"/> We are not very familiar with this applicant.	_____
<input type="checkbox"/> We have known the applicant and are not aware of any adverse information.	
<input type="checkbox"/> We have known the applicant many years and recommend.	
<input type="checkbox"/> We know the applicant well, have all their insurance, and offer our highest recommendation.	