



# Old Republic Surety Company

(Or any of its Affiliated Companies)  
P.O. Box 1635, Milwaukee, WI 53201

www.orsurety.com

## Application for Medicare Bond

NPI # \_\_\_\_\_

- 1) Bond Amount  \$50,000  Other: \$ \_\_\_\_\_ **If other amount, list all locations and NPI #'s to be covered on a separate page.**  
Effective Date of bond \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_ NSC/PTAN# (if you have one) \_\_\_\_\_
- 2) Legal Business Name \_\_\_\_\_ Corp  S Corp  LLC   
Address/Location to be covered \_\_\_\_\_ Partnership  Proprietorship
- 3) Year Started \_\_\_\_\_ Type of Business \_\_\_\_\_
- 4) List Owners of the Company (If additional owners, please attach information on separate page)
- A. Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - - -  
Home Address \_\_\_\_\_  
Title \_\_\_\_\_ % Owned \_\_\_\_\_ Own Your Home? Yes  No
- B. Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - - -  
Home Address \_\_\_\_\_  
Title \_\_\_\_\_ % Owned \_\_\_\_\_ Own Your Home? Yes  No
- 5) Has the Company, any predecessor company or any owner ever:
- A. Failed in business or been in bankruptcy? Yes  No  C. Within the past 7 years, been in involved in any lawsuits? Yes  No   
B. Been in a claim with a surety company? Yes  No  D. Had a tax lien exceeding \$1,000? Yes  No
- Please explain any "Yes" answers \_\_\_\_\_
- 6) For how many years have you participated in Medicare? \_\_\_\_\_
- 7) Date of accreditation \_\_\_\_\_ Accreditation Organization \_\_\_\_\_
- 8) Approx. Amount of Medicare billings \$ \_\_\_\_\_ \$ \_\_\_\_\_ Expect next year \$ \_\_\_\_\_  
(Last Year) (Two Years Ago)
- 9) Date of your last audit by Medicare \_\_\_\_\_ Any citations or problems reported? Yes  No   
If yes, describe \_\_\_\_\_
- 10) Has Applicant, any predecessor company, any owner or officer ever had a Medicare or Medicaid license revoked, or experienced an adverse legal action relative to Medicare or Medicaid? Yes  No  If yes, describe: \_\_\_\_\_

### Agency Information

Agency Name \_\_\_\_\_ Do you write applicant's P&C insurance? Yes  No

Agency recommendation: \_\_\_\_\_

### INDEMNITY AGREEMENT

(A FACSIMILE AND OR SCANNED COPY OF THIS AGREEMENT SHALL BE TREATED AS AN ORIGINAL FOR ALL PURPOSES)

The undersigned Applicant and Indemnitors, hereby certify that the information contained in this application to be true and request the Company to become Surety for and furnish the above bond and such other bond(s) as may now or hereafter be requested on behalf of the named Applicant including any continuation, substitution, extension, or alteration, thereof, and hereby authorize banks, materialmen, or others, including governmental entities, to furnish any information requested concerning any transaction with the undersigned. Should the Company execute said bond(s), the undersigned agree as follows: (1) To pay the usual premiums, including renewal premiums. (2) To indemnify the Company and hold it harmless against all loss, liability, costs, claim damages, expense, including, but not limited to, attorney's fees, investigative costs, etc. which may incur by reason of the Company writing said bond(s) or for the enforcement of this agreement. The Company may decline to become Surety on any bond of the Applicant and, in case it does act as Surety, shall have the right to withdraw or cancel same whenever it shall see fit and shall not be responsible for any loss or damage that may be sustained by reason of such action. Nothing shall be construed to waive or abridge any rights or remedies which the Company might have if this instrument were not executed.

The Agreement shall be effective this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and also shall be subject to a civil penalty not to exceed five thousand dollars in and the stated value of the claim for each such violation.

### APPLICANT

\_\_\_\_\_  
(SEAL)

By \_\_\_\_\_  
(Officer's name and title if a corporation)

### INDEMNITORS

\_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
(SEAL)

Witness or attest \_\_\_\_\_

Witness \_\_\_\_\_

Witness \_\_\_\_\_

The applicants and indemnitors certify the truth of all statements in this Application and authorize the Company to verify this information and to obtain additional information from any source including obtaining a credit report.