



THE

PROSURE GROUP
INC.

Medicaid/Medical Equipment Provider Bond Application

Thank you for giving **The ProSure Group, Inc.** the opportunity to assist you with your bond needs!

To follow is a checklist of items we'll need in order to establish a surety relationship with your firm. As you may know, applying for a bond is applying for credit. Because of this, the application process may be very similar to applying for a loan. Please forward the following information:

- **Corporate Financial Statements** – Please provide us with the latest fiscal year end statement. This should consist of, at least, a Balance Sheet & Income Statement (or Profit & Loss). Tax returns are not typically accepted. If your company is new, this information is NOT required.
- **Personal Financial Statements** (next page) – All owners must provide a personal financial statement. Similar, current forms are acceptable.
- **Resume** – Especially helpful if this is a new business.

Please note, we may ask for additional information during the underwriting process. Upon approval of your application, a signed and dated General Indemnity Agreement will be required.

(Please make sure that this information is complete in order to avoid any delays. Otherwise, feel free to call us with any questions you may have, we're happy to assist!)

Company Information

Company Name to Appear on Bond (This should be exactly as it appears, or will appear, on your license to the State)			
Mailing Address	City	State	Zip
Telephone #	Fax #	Email Address:	Preferred Method of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Type of Business: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other – Type:			
Medicaid Provider #	Bond Amount Requested	Describe What Your Company Does	
FEIN #	Effective Date Requested (If this is left blank, the bond will be effective upon issuance)		
Date Business Was Started	How Did You Hear About Us?		

Company Ownership Information

Name	% Owned	Soc. Sec. #	Date of Birth	Name of Spouse
Address	City	State	Zip	
Telephone Number	Years Owned Business	Years of Industry Experience		
Name	% Owned	Soc. Sec. #	Date of Birth	Name of Spouse
Address	City	State	Zip	
Telephone Number	Years Owned Business	Years of Industry Experience		
Name	% Owned	Soc. Sec. #	Date of Birth	Name of Spouse
Address	City	State	Zip	
Telephone Number	Years Owned Business	Years of Industry Experience		

"Your Leading Bond Team"

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Email commercialbonds@prosuregroup.com

Does the business, or any other owner involved:

- Have any outstanding collection items or liens: Yes No
- Had any lawsuits or judgments against them: Yes No
- Ever failed in business or declared bankruptcy: Yes No
- Ever been convicted of a crime: Yes No
- Ever had business license or bond suspended, revoked, cancelled, or denied: Yes No
- Are any owners not U.S. citizens? Yes No

Personal Financial Information

(All Owners with a 10% interest or more must complete – please use attachment if necessary)

Owner's Name _____ Company Ownership % _____ Statement as of _____

Cash on hand and in banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others	\$
IRA or Retirement Acct.	\$	Installment Account (Auto)	\$
Accounts & Notes Receivable	\$	Installment Account (Other)	\$
Life Insurance – Cash Surrender Value Only	\$	Loan on Life Insurance	\$
Stocks and Bonds	\$	Unpaid Taxes	\$
Real Estate (complete section below)	\$	Mortgages On Real Estate	\$
Automobile – Present Value	\$	Other Liabilities	\$
Other Personal Property	\$	Total Liabilities	\$
Other Assets	\$	<i>Net Worth (Assets less Liabilities)</i>	\$
Total	\$	Total	\$

Real Estate Owned (Use attachment if necessary to list all properties owned.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Mortgage Holder			
Mortgage Balance	\$	\$	\$

I authorize The ProSure Group, Inc. / Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, character, or manner of meeting obligations to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible criminal and/or civil prosecution.

Florida. Statutes. Section 817,234(1) (b), "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information is guilty of a felony of the third degree."

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____

"Your Leading Bond Team"