



THE

PROSURE GROUP

INC.

# Medicare Bond Application

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

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 make sure that this information is complete. Feel free to call us with any questions you may have on any of this information.)*

We may ask for additional information or clarification of certain aspects of your company during the underwriting process. Please feel free to call us with any questions you may have.

## Company Information

Legal Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Method of Contact:  Phone  Fax  Email

Type of Business:  Proprietorship  Partnership  Corporation  LLC  S Corp  Other

Date Business Was Started: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Amount of Bond:  \$50,000  Other \$ \_\_\_\_\_ NPI #: \_\_\_\_\_

## Company Ownership Information

Name: \_\_\_\_\_ % Owned: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse: \_\_\_\_\_ Years Owned Bus.: \_\_\_\_\_ Experience: \_\_\_\_\_

Name: \_\_\_\_\_ % Owned: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse: \_\_\_\_\_ Years Owned Bus.: \_\_\_\_\_ Experience: \_\_\_\_\_

## Medicare Information

Has the Company, any predecessor company or any owner ever...

Failed in business or been in bankruptcy?  No  Yes Within past 7 yrs, been involved in any lawsuit?  No  Yes

Been in a claim with a surety company:  No  Yes Had a tax lien exceeding \$1,000?  No  Yes

Please explain any "Yes" answers: \_\_\_\_\_

For how many years have you participated in Medicare? \_\_\_\_\_

Date of accreditation \_\_\_\_\_ Accreditation Organization \_\_\_\_\_

Approx. Amount of Medicare billings...

Last Year: \$ \_\_\_\_\_ Two years Ago: \$ \_\_\_\_\_ Expected next year: \$ \_\_\_\_\_

Date of your last audit by Medicare \_\_\_\_\_ Any citations or problems reported?  No  Yes

If yes, describe \_\_\_\_\_

Has applicant, and 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?  No  Yes

If yes, describe: \_\_\_\_\_

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.

F.S. 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: \_\_\_\_\_

"Your Leading Bond Team"