

Application for Medicaid Surety Bond

Agency name: Rosenzweig Insurance Agency, Inc Agency contact: Lynn or Rambha
 Agency phone: 516-352-7495 Agency fax: 516-358-7940 Agency email: pharmacy@rosenzweiginsurance.com
 Agency address: 160 Herricks Rd City: Mineola State: New York Zip: 11501

Section I: Bond Applied for

Type of bond: _____ Effective date: _____ Expiration date: _____
 Type of company Corp LLC DBA Partnership Bond amount: _____
 (Obligee): _____
 Obligee address _____

Section II: General Information

Applicant's name: _____ Spouse name: _____
 SS# _____ Spouse SS#: _____ Home phone: (____) _____
 Residence address: _____ City: _____ State _____ Zip: _____
 Business name: _____
 Business phone: _____ Business fax: (____) _____ E-mail: _____
 Business address _____ City: _____ State: _____ Zip: _____
 Date business began under present individual or firm name: _____ Business tax id: _____
 Has any company refused to issue bonds for any purpose? Yes no
 If yes, explain _____
 Has applicant ever failed in business? Yes no
 If yes, explain _____
 Has applicant ever filed bankruptcy? Yes no
 If yes, explain _____
 Do you have any liens, claims or judgments against you? Yes no
 If yes, explain _____

Section III: Additional Owners or Partners as required

Name: _____ Spouse name: _____
 SS#: _____ Spouse SS#: _____ Phone: _____
 Home address: _____ City: _____ State: _____ Zip: _____

Personal Financials (if more than one owner, each has to fill out this application)

Statement of Assets and Liabilities as of: ____/____/____

Assets		Liabilities	
Cash in bank		Notes payable to banks	
Cash on hand		Notes to others (excl. Of equipment)	
Stocks and bonds		Accounts payable	
Accounts receivable		Federal & state income tax due	
Notes receivable		All other taxes	
Inventory		Accruals, payrolls, etc.	
Cash value life insurance			
Equipment		Due on equipment	
Real estate		Due on real estate	
Other assets		Other liabilities	
		Capital stock (if a corporation)	
		Surplus and undivided profits	
Total assets		Total liabilities	
		Net worth	
Name of owners		Name and Title of Officers	
		% Ownership in Company	

Completion of this form constitutes permission for Worldwide Insurance Specialists Inc. to obtain consumer information which will be used to determine bonding eligibility. This information will be held in the strictest confidence. No premium financing will be accepted as premium is earned in full.

Please fax or email the completed application to: Fax: (516) 358-7940, Email: Pharmacy@RosenzweigInsurance.com
 Rosenzweig Insurance Agency, Inc. 160 Herricks Rd. Mineola, NY 11501 Tel: (516) 352-7495

