



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 \$ _____ (Last Year) \$ _____ (Two Years Ago) Expect next year \$ _____
- 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 Rosenzweig Insurance Agency, Inc. 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.

X _____

Witness or attest

X _____

Witness

X _____

Witness

APPLICANT

X _____ (SEAL)

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

INDEMNITORS

X _____ (SEAL)

X _____ (SEAL)

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.

ORSC 22890-NY (For use in New York)

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





Alex Rosenzweig
Lawrence Rosenzweig
Lynn Rosenzweig Derby

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Mineola, New York 11501-0070
Tel. (516) 352-7495 • Fax (516) 358-7940
www.PharmacyInsuranceOnline.com

Associate Brokers
Eileen Graffigna
Patricia Rosenbaum, ACSR

Below please find a service charge agreement for extra services rendered to you.
Kindly sign and return this form to us for our records as soon as possible.

If you have any questions, please do not hesitate to give us a call.

Thank you for your business.

Very truly yours,

Lynn Rosenzweig Derby

SERVICE CHARGE AGREEMENT

In consideration for extra services, the undersigned agrees to pay a service charge of \$ 50 per year.

Business Name: _____

Signature X _____

Date _____

