



Rosenzweig Insurance Agency, Inc.

160 Herricks Rd. Mineola, New York 11501-0070

Tel (516) 352-7495 Fax (516) 358-7940

www.RosenzweigInsurance.com www.PharmacyInsuranceOnline.com

Please e-mail or fax the completed application to:
Pharmacy@RosenzweigInsurance.com
Fax: 516-358-7940
Attention: Dee or Rambha

Express Scripts Surety Bond Application

Section I: Bond Applied For

Type of Bond: Surety Bond Effective Date: _____

Obligee: Express Scripts Inc. Bond Amount: \$500,000

Obligee Address: One Express Way Saint Louis, MO 63121

Section II: General Information

Applicant Name: _____ Social Security #: _____

Residence Address: _____

Business Name: _____

Business Phone: _____ Business Fax: _____

Business Address: _____

Email: _____

Date Business Began Under Present Individual or Firm: _____

Federal Tax ID: _____ NCPDP#: _____

Type of Business: Corporation LLC Sole Proprietorship Partnership

Has any company refused to issue bonds for any purpose? Yes No

Do you have any liens, claims or judgements against you? Yes No

Has applicant ever failed in business? Yes No

Has applicant ever filed for bankruptcy? Yes No

If yes to any of the above questions, please explain on a separate piece of paper.



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Section III: Additional Owners and Partners as Required

Applicant Name: _____ Social Security #: _____

Residence Address: _____

Home Phone: _____ Email: _____

Section IV: Personal Financials

Note: If more than one owner, each owner must fill out the application

Statements of Assets and Liabilities as of: _____

Assets		Liabilities	
Cash in Bank		Notes Payable to Bank	
Cash on Hand		Notes to Others (excluding 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)		Due on Equipment	
Equipment		Due on Real Estate	
Real Estate		Other Liabilities	
Other Assets		Capital Stock (if Corp.)	
		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 for the bonding company and agency to obtain consumer information and obtain a credit report which will be used to determine bonding eligibility. Bond will not be issued without approval from bonding company and receipt of payment in full. Bond premium is fully earned.

Signature: _____ Title: _____ Date: _____