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Date:

BOND INFORMATION		Type of Bond (Attach Bond Form): DMEPOS Medicare \$50,000 Bond		NSC/PTAN #	Effective Date
Yrs in Medicare	Approx Medicare Billings Last Yr 2 yrs Ago Next Yr	Date of Last Medicare Audit	Any Citations or Problems? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain	Has any Medicare/ Medicaid License for any Officer, Company or Affiliate been revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain	

submit Business and/or Personal Financials. No tax returns, please.

BUSINESS INFORMATION	Company Name (Must be exactly as it appears on bond):				Business Phone #:
Company Address:		City:	State:	Zip Code:	Business Net Worth: \$
Nature of Business:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Date Formed (Corp. or LLC):	# of Owners, Partners or Members:	How Long in Business?	
Previous Bonding Company:	NPI Number and Location Address (See Page 2 if more than one NPI)				

PERSONAL INFORMATION	Applicant's Name:		Social Security #:	Date of Birth:	
Spouse's Name:		Social Security #:		Date of Birth:	
Residence Address:		City:	State:	Zip Code:	Estimated Personal Net Worth: \$
Real Estate Owned: Value: Owed:			Business Experience:		
Are you the Trustee, Trustor Or Beneficiary of any Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pending or Prior IRS Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Lawsuits Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever declined for Bonding previously? (Not Applicable in MO) <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL INFORMATION	Co-Applicant's Name:		Social Security #:	Date of Birth:	
Spouse's Name:		Social Security #:		Date of Birth:	
Residence Address:		City:	State:	Zip Code:	Estimated Personal Net Worth: \$
Real Estate Owned: Value: Owed:			Business Experience:		
Are you the Trustee, Trustor Or Beneficiary of any Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pending or Prior IRS Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Lawsuits Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever declined for Bonding previously? (Not Applicable in MO) <input type="checkbox"/> Yes <input type="checkbox"/> No	

***All information furnished on this application will be utilized and relied upon in the issuance of any bonds on or after the date above.**

<input type="checkbox"/> LICENSE & PERMIT	Net Worth \$	Public liability insurance carried? (Give limits) <input type="checkbox"/> Yes <input type="checkbox"/> No	Property damage insurance carried? <input type="checkbox"/> Yes <input type="checkbox"/> No (Give limits)
Is applicant licensed and certified by a state board or agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State:			
Name of Board/Agency:			Date of Certification:
License Number:			
Applicant NSC/PTAN # (Provider Transaction Access Number):			
Agency Name as recorded with the IRS:			
Agency Tax ID Number:			
Please list all NPI Numbers that are required to obtain a bond. Please also list the FULL physical address for the NPI location of the NPI Number:			
NPI Number	NPI Location Address (Street, address, city, state & zip code)		
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
AGENT'S REMARKS:			
<input type="checkbox"/> Do not know personally <input type="checkbox"/> New account <input type="checkbox"/> Client of this office		Agency Code _____	
<input type="checkbox"/> Know personally and recommend, but do not handle applicant's general insurance.		Agency Name _____	
Please give us your general comments and further remarks which will be helpful in making our final decision:		Address _____	

<input type="checkbox"/> Check here if this application was previously faxed or e-mailed to Merchants Bonding Company.			

FINANCIAL STATEMENT

Personal Business Financial Statement of _____ as of _____
NAME DATE

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on Hand _____		Notes Payable _____	
Cash in Bank(s) (Schedule A) _____		(a) To Banks Regular _____	
Stocks, Bonds, etc. (Schedule B) _____		(b) To Others _____	
IRA / Retirement Accounts _____		Accounts Payable _____	
Accounts Receivable _____		(a) Current _____	
Notes Receivable _____		(b) Past Due _____	
Supplies _____			
Other Current Assets _____			
Total Current Assets		Total Current Liabilities	
FIXED ASSETS		LONG TERM LIABILITIES	
Equipment at Book Value _____		Equipment _____	
Real Estate-Business (Schedule C) _____		Real Estate-Business (Schedule C) _____	
Real Estate-Homestead (Schedule C) _____		Real Estate-Homestead (Schedule C) _____	
Real Estate-Investment (Schedule C) _____		Real Estate-Investment (Schedule C) _____	
All other Assets (explain fully)		All Other Liabilities (explain fully)	
(a) _____		(a) _____	
(b) _____		(b) _____	
(c) _____			
Total Fixed Assets		Total Long Term Liabilities	
		Total Liabilities	
Total Assets		Capital Stock (paid in) _____	
		Net Worth _____	
		Total Liabilities and Net Worth	

SCHEDULE A - CASH

Name of Bank	Location	Amount on Deposit

SCHEDULE B - STOCKS, BONDS, ETC.

Name of Security	No. Shares	Par Value	Market Value	Dividends Paid Past Two Years	If Any Pledged, State to Whom and for What Purpose

SCHEDULE C - REAL ESTATE

Location and Description of Property	In Whose Name Is Title?	Monthly Revenue	Present Forced Sale Value	Amount of Mortgage

Assets of a trust listed on this statement need to be specifically described as part of a trust or they will be considered a part of this statement and in the event of a claim will be subject to the Indemnity obligations described herein.