



HCC SURETY GROUP

For inquiries, you can contact us at:
Tel: (800) 486-6695 Facsimile: (310) 645-9274
Email: helpdesk@hccsurety.com

Durable Medical Equipment, Prosthetics, Orthotics, and Suppliers Surety Bond (DMEPOS) Application

For entities with **one (1) or two (2)** National Provider Identifier (NPI), please complete the one page application.

For entities with **three (3) or more** National Provider Identifier (NPI) Numbers, provide the following additional information:

1. Year-end business financial statements;
2. Personal financial statements;
3. Copy of completed Medical Enrollment Application form CMS-855S.

IMPORTANT SIGNATURE INSTRUCTIONS

If **SOLE PROPRIETORSHIP**, Owner must sign as authorized representative and as indemnitor. Spouse must sign as indemnitor.

If **PARTNERSHIP**, Managing Partner must sign as authorized representative and as indemnitor. All partners and spouses must sign as indemnitor.

If **CORPORATION**, President must sign as authorized representative and as indemnitor. All stockholders of 10% or more and spouses must sign as indemnitor.

If **BOND AMOUNT** over \$50,000, each signature must be notarized.



Durable Medical Equipment, Prosthetics, Orthotics, and Suppliers Surety Bond (DMEPOS) Application

PROVIDER INFORMATION

Bond Amount Requested \$ _____ National Provider Identifier (NPI) # _____

Business Name _____

Business Address _____

Business Telephone _____ Company Fax _____ Website _____

** If more than one NPI is associated with this business, complete the section above for each location/business that intends to bill Medicare for items sold to Medicare beneficiaries from that location.*

Type of entity: Corporation Partnership Subchapter S Corporation Limited Liability Company Sole Proprietorship Other

Year this business was established _____ How long under current ownership? _____ What year did this business begin Medicare billing? _____

What were the total Annual Gross Receipts for the business in the preceding calendar year? _____

Approximately what percentage of the total Annual Gross Receipts were associated with the sale or rental of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies _____%

Yes No

Has the above applicant, or any owner of the above applicant, received any overpayments from Medicare in the last three years?

Has the above applicant, or any owner of the above applicant, application with the National Supplier Clearinghouse ever been denied?

Has the above applicant, or any owner of the above applicant, had any revocation or suspension of a license to provide health care by any licensing authority? This includes the surrender of such a license while a formal disciplinary proceeding was pending before a licensing authority.

Has the above applicant, or any owner of the above applicant, had a Medicare payment suspension under any Medicare billing number?

Has the above applicant, or any owner of the above applicant, ever had their Medicare billing number revoked?

Explain All "Yes" answers below; use additional pages if necessary.

OWNER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	% OF OWNERSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> W DOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPERATED			SPOUSE'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
HOME ADDRESS			CITY	STATE	ZIP
HOME OWNERSHIP <input type="checkbox"/> OWN <input type="checkbox"/> RENT			HOW LONG?	DATE PURCHASED	PURCHASE PRICE
NAME OF BANK			CHECKING ACCOUNT BALANCE	SAVINGS ACCOUNT BALANCE	PERSONAL NET WORTH
				CURRENT MARKET PRICE	PRESENT LOAN BALANCE
HOME ADDRESS			CITY	STATE	ZIP
				HOME TELEPHONE	FAX

ADDITIONAL OWNER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	% OF OWNERSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> W DOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPERATED			SPOUSE'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
HOME ADDRESS			CITY	STATE	ZIP
HOME OWNERSHIP <input type="checkbox"/> OWN <input type="checkbox"/> RENT			HOW LONG?	DATE PURCHASED	PURCHASE PRICE
NAME OF BANK			CHECKING ACCOUNT BALANCE	SAVINGS ACCOUNT BALANCE	PERSONAL NET WORTH
				CURRENT MARKET PRICE	PRESENT LOAN BALANCE
HOME ADDRESS			CITY	STATE	ZIP
				HOME TELEPHONE	FAX

** If more than two individual owners complete the section above for each additional owner of the business.*

Surety Solutions Insurance Services, Inc

49 Natoma Street, Suite B Folsom CA95630 (916)404-6478 Fax



This General Indemnity Agreement is made and entered into this _____ day of _____, _____ by and between the Undersigned for the purpose of indemnifying Surety as herein defined, in connection with any Bond as herein defined written on behalf of Principal, Indemnitors and/or Undersigned.

DEFINITIONS.

- A. Bond: Any surety bond, undertaking, or other express or implied obligation or guarantee of suretyship executed or committed to by Surety on, before, or after this date and any riders, endorsements, extensions, continuations, renewals, substitutions, increases or decreases in penal sum, reinstatements or replacements thereto.
- B. Principal: The person(s) and entity(ies) for whom any bond is issued, or committed to be issued, by Surety or anyone or more combinations thereof, or their successors in interest, whether alone or in a joint venture with others named herein or not named herein, and any person or entity that directly or indirectly, through one or more intermediaries, controls or is controlled by, or is under common control with any party to this Agreement and their successors and assigns.
- C. Surety: American Contractors Indemnity Company, Texas Bonding Company, U. S. Specialty Insurance Company, United States Surety Company, their respective reinsurers, and any other person or entity which may act as surety or co-surety on any bond of any other person or entity who executes any bond at its request.
- D. Undersigned: Includes the Principal, all indemnitors and others executing this indemnity for the benefit of Surety.

INDEMNITY. *The Undersigned:*

- A. Agrees to defend, indemnify, and save harmless Surety from and against any and all demands, liabilities, costs, penalties, obligations, interest, damages and expenses of whatever nature or kind, including but not limited to attorneys' fees (including those of both outside and in-house attorneys); and costs and fees incurred in investigation of claims or potential claims, adjustments of claims, procuring or attempting to procure the discharge of bond, or attempting to recover losses or expenses from the Undersigned or third parties, whether Surety shall have paid out any such sums; and
- B. Agrees to pay Surety all premiums due on bonds issued by Surety on behalf of Principal in accordance with Surety's rates in effect when each payment is due. Premiums on contract bonds are based on the contract price, without reference to the penal sum of the bond, and shall be adjusted due to changes in the total contract price. On any bond where Surety charges an annual premium, such annual premium shall be due upon execution of the bond and upon any renewal until satisfactory evidence of termination of Surety's liability as a matter of law under the bond is furnished to Surety's satisfaction; and
- C. Agrees that in any claim or suit arising out of or related to any bond or this Agreement, an itemized statement of Surety's loss and expense, or other evidence of disbursement by Surety, shall be prima facie evidence of the fact and extent of Undersigned's liability under this Agreement; and Surety shall have the right to defense and indemnity regardless of whether Surety has made any payment under any bond; and in any suit relating to this Agreement or any bond, Surety may recover its expenses and attorneys' fees incurred in such suit.

GENERAL PROVISIONS. *The Undersigned further agrees as follows:*

- A. If a claim or demand for performance of any obligation under any bond is made against Surety, Undersigned, upon Surety's demand, shall immediately deposit with Surety United States legal currency as collateral security in an amount equal to the reserves posted by Surety with respect to such claim or demand, plus an amount equivalent to Surety's estimate of its anticipated expenses and attorneys' fees to be incurred in connection therewith. Undersigned acknowledges and agrees that Surety shall be entitled to specific performance of this paragraph and this Agreement.
- B. Undersigned's obligations under this Agreement are joint and several. Repeated actions under this Agreement or as otherwise permitted may be maintained by Surety without any former action operating as a bar to any subsequent action. Surety's release of anyone of the Undersigned shall not release any other Undersigned. No action or inaction of Surety with respect to anyone shall relieve the Undersigned of any obligation owed under this Agreement. Undersigned shall not be released from liability under this Agreement because of the legal status, condition, or situation of any party to this Agreement or any Principal.
- C. If the execution of this Agreement by any Undersigned is defective or invalid for any reason, such defect or invalidity shall not affect the validity hereof as to any other Undersigned. Should any provision of the Agreement be held invalid the remaining provision shall retain their full force and effect.
- D. Undersigned waives any defense that this Agreement was executed subsequent to the date of any bond and acknowledges that such bond was executed pursuant to Undersigned's request and in reliance on Undersigned's promise to execute this Agreement. Undersigned agrees this Agreement is a continuing agreement to indemnify Surety over an indefinite period.
- E. Undersigned has the right to review all bonds executed by Surety for errors and omissions prior to delivery of the bond to the Oblige, and hereby waives any claim against Surety arising out of any such error or omission.
- F. Surety shall have the right, in its sole discretion, to decide whether any claims arising out of or related to any bond shall be paid, compromised, defended, prosecuted or appealed regardless of whether or not suit is actually filed or commenced against Surety upon such claim. Absent Surety's intentional wrongdoing, Undersigned agrees to be conclusively bound by Surety's determination.
- G. Surety may decline to execute any bond for any reason and shall not be liable to Undersigned, or any person or entity, as a result of such declination.
- H. Undersigned may terminate its future liability to Surety under this Agreement by sending written notice by registered mail of Undersigned's intent to terminate liability to Surety by sending the notice to Surety at its home office, 9841 Airport Blvd, 9th Floor, Los Angeles, CA 90045. Termination will be effective 20 days after actual receipt of such notice by Surety and only for bonds signed or committed to by Surety after the effective date of termination.
- I. Undersigned agrees that other than for the entity issuing a bond, no other entity included within definition of the "Surety" in this Agreement assumes any obligation whatsoever with respect to either this Agreement or such bond.
- J. A facsimile of this Agreement shall be considered an original and shall be admissible in a court of law to the same extent as an original copy.
- K. As security for the performance of all the provisions of this agreement, effective as the date of this agreement, the undersigned hereby assign, transfer, pledge and convey to Surety, all of their right, title, interest and estate in and to all real and personal property which the undersigned now own or hereinafter acquire, including all income and receipts therefrom and increases and appreciation thereon, said assignment to include but not be limited to any and all sums due or which may hereafter become due under any contract and all other sums due or to become due on all other contracts, in which any of the undersigned have an interest, and all rights arising out of notes, accounts receivable, and any claims of any kind and court actions. The Surety may at its option, file or record this agreement or any other document executed by any or all the undersigned, individually or jointly, in connection with the application, issuance or execution of any bond or bonds, or renewal thereof, coming within the scope of this instruments: a security agreement or as part of a financing statement or, as notice of its prior interest and assignment under the provisions of the Uniform Commercial Code or any other statute, ordinance or regulation of any jurisdiction or agency. The filing or recording of such document shall be solely at the option of the Surety.
- L. Regardless of the date of signature, this indemnity is effective as of the date of execution of the aforementioned bond and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein.

Dated: _____, _____, _____
(Month) (Day) (Year)

Principal :

(Principal Duly Authorized Representative Signature) (Title)

Indemnitors:

Indemnitors:

(Indemnitor's Signature) (Print Name)

(Indemnitor's Signature) (Print Name)

Indemnitors:

Indemnitors:

(Indemnitor's Signature) (Print Name)

(Indemnitor's Signature) (Print Name)

Fraud Notice: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTARY ACKNOWLEDGEMENT FOR

STATE OF _____

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§
§

COUNTY OF _____

On _____ before me, _____ personally appeared _____

_____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

STATE OF _____

§
§
§

COUNTY OF _____

On _____ before me, _____ personally appeared _____

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