



J&C CORBETT INSURANCE SERVICES, INC.

www.corbett-insurance.com

609 COURT STREET
800 400-1125

WOODLAND, CA 95695
530 419-2000

LIC. No.: 0D34028
FAX: 530 419-2019

Application for \$2.222' Medicare Bond

NPI # _____

- 1) Bond Premium: \$250 (Subject to underwriter approval.)
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 <input type="checkbox"/> No <input type="checkbox"/>	C. Within the past 7 years, been in involved in any lawsuits? Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Been in a claim with a surety company? Yes <input type="checkbox"/> No <input type="checkbox"/>	D. Had a tax lien exceeding \$1,000? Yes <input type="checkbox"/> No <input type="checkbox"/>

 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 \$ _____ \$ _____ Expect next year \$ _____
(Last Year) (Two Years Ago)
- 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: _____

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 _____, _____.

APPLICANT

_____ A

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

INDEMNITORS' fdufbyfg'cf'cZVWfgL

_____ A

_____ A

Pay by phone with a Credit Card
or mail a Check payable to:
J&C Corbett Insurance Services, Inc.

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.