



McNeil & Company, Inc.
P.O. Box 5670
Cortland, NY 13045
Phone: 800.822.3747 Fax: 607.756.5051

Medicare DMEPOS Application

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|--|---------------|--|--------------------|---------------------------------|---|--|----------------|---|-------------------------------------|
| APPLICANT INFORMATION | | Applicant Name (Exactly as listed with CMS) | | | | <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLP | | <input type="checkbox"/> Partnership <input type="checkbox"/> LLC | |
| Applicant Address | | | | | City | | State | | Zip |
| Nature of Business or Occupation <input type="checkbox"/> Pharmacy/Physician/Optician <input type="checkbox"/> Medical Supply Co. <input type="checkbox"/> Other | | | | Total Number of Owners | | Business Phone No. | | Years in Business? | |
| Total of all Revenue Last Year | | Total Revenue Last Year from Medicare | | Year First Approved by CMS | Date of Last CMS Site Inspection | Any Irregularities discovered in inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach separate sheet with explanation. | | | |
| NPI Number | | TIN Number | | NSC/PTAN Number (if applicable) | | | | | |
| Is Applicant Licensed/Certified by State Board or Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete questions to right. | | | State of License | | Type of License | | License Number | | Date Originally Licensed |
| BOND INFORMATION | | Bond Amount | | Effective Date | | Previous Surety? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give name and reason for change) | | | |
| Does entity have multiple locations/NPI#s? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, how many? Complete a separate Application for each bond. If 25 or more, use Blanket Bond Application. | | | | | | | |
| PERSONAL INFORMATION | | Must be completed by all owners. Use second page if more than one owner. | | | | | | | |
| Individual's Name | | | | | Percent Ownership | Social Security No. | | Date of Birth | |
| Spouse's Name | | | | | Percent Ownership | Social Security No. | | Date of Birth | |
| Residence Address | | | | City | | State | Zip | Phone No. | How long at residence? Yrs./Mos. |
| Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent | Current Value | | Loan Balance | | Ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No | Any unpaid IRS or state tax liens? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Any lawsuits pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| INDEMNIFICATION AGREEMENT | | | | | | | | | |
| <p>I agree to indemnify RLI Insurance Company and/or RLI Indemnity Company (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize Surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. I further agree: FIRST: To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated, and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage. SECOND: To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including any legal fees and expenses. THIRD: To hold harmless and indemnify Surety from any and all liability, damages, loss, costs and expenses of every kind, including attorney fees, which may be sustained or incurred arising out of the execution, enforcement, procurement of release, or other action involving the application and/or issuance of the bond. FOURTH: To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made. FIFTH: That Surety has the exclusive right to defend, settle, pay, or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety. SIXTH: That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon. SEVENTH: To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself. EIGHTH: That a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement. NINTH: That this indemnity may be cancelled as to subsequent liability by an indemnitor upon written notice to the Company at Peoria, Illinois 61615, effective ten (10) days after the earliest date thereafter upon which the Company could have cancelled all bonds in force for applicant. TENTH: This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.</p> | | | | | | | | | |
| | | | | | Applicant Name (Printed) _____ (Exactly As Above) | | | | |
| Today's Date _____ | | | By: X _____ | | Title: _____ | | | | |
| ALL OWNERS AND/OR STOCKHOLDERS MUST SIGN BELOW AND PROVIDE PERSONAL INDEMNITY | | | | | | | | | |
| In consideration of the Surety's execution of the Bond(s) applied for by Applicant, the Undersigned, agree(s) to become bound by the terms of the above Indemnity Agreement and become personal indemnitors under this agreement. The Undersigned acknowledges that they have read the Indemnity Agreement and understands that it imposes personal liability on them as well as joint and several liability with the applicant. | | | | | | | | | |
| X _____ Indemnitor's Signature | | | | | X _____ Indemnitor's Signature | | | | |
| X _____ Indemnitor's Signature | | | | | X _____ Indemnitor's Signature | | | | |
| AGENT/BROKER INFORMATION | | Agent/Broker Name | | Code | Phone No. | | Fax No. | City | State Zip |
| AGENT'S RECOMMENDATION | | | | | COMMENTS | | | | |
| <input type="checkbox"/> We are not very familiar with this applicant. | | | | | _____ _____ _____ _____ | | | | |
| <input type="checkbox"/> We have known the applicant and are not aware of any adverse information. | | | | | | | | | |
| <input type="checkbox"/> We have known the applicant many years and recommend. | | | | | | | | | |
| <input type="checkbox"/> We know the applicant well, have all their insurance, and offer our highest recommendation. | | | | | | | | | |

Complete this page for additional owner(s).

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| Applicant Name (Exactly as listed with CMS) |
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| PERSONAL INFORMATION | | | | | | | | | | |
| Individual's Name | | | | | Percent Ownership | Social Security No. | | Date of Birth | | |
| Spouse's Name | | | | | Percent Ownership | Social Security No. | | Date of Birth | | |
| Residence Address | | | | City | State | Zip | Phone No. | | How long at residence? Yrs./Mos. | |
| Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent | | Current Value | Loan Balance | Ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Any unpaid IRS or state tax liens? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Any lawsuits pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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