

Premium Requested:

- 1 yr
- 2 yrs
- 3 yrs



(Application Number)

- Individual
- Partnership
- Corporation
- Limited Liability Company
- Limited Liability Partnership

Form 10-E

EASY APPLICATION FOR BONDS

PLEASE PRINT OR TYPE.

Applicant(s) - Individual, partners, or corporate owner(s). List the principal owner first. Attach additional Form 10-E's and cross reference if more than three owners. **EACH MUST SIGN AT BOTTOM RIGHT.**

1. Name _____

Residence Address _____

Telephone # _____ Single

Social Security No. _____ Married (spouse must sign at bottom right.)

Does this applicant own real estate? Yes No

2. Name _____

Residence Address _____

Telephone # _____ Single

Social Security No. _____ Married (spouse must sign at bottom right.)

Does this applicant own real estate? Yes No

3. Name _____

Residence Address _____

Telephone # _____ Single

Social Security No. _____ Married (spouse must sign at bottom right.)

Does this applicant own real estate? Yes No

Business or Corporate Name: _____

Business Address _____

Telephone # _____

Number of Years in this Business:	Number of Years Licensed:
Type of Bond Requested:	License No.
Amount of Bond: \$	Effective date:

Has the business, or any other owner/applicant:

- a. Ever been convicted of a crime? Yes No
 - b. Ever had their license suspended, revoked or denied? Yes No
 - c. Ever been party to a surety bond claim? Yes No
- (If any answers are yes, provide details.)

Entity requiring this bond (and address): _____

Agent's recommendation/additional comments: _____

INDEMNITY

The undersigned applicant and indemnitors hereby request Western Surety Company, Universal Surety of America, Surety Bonding Company of America and any affiliated company, their successors or assigns (with such company/companies referred to herein as the "Company") to become their surety. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information at the time of application and as needed, on an ongoing basis and to obtain additional information from any source, including obtaining credit reports at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion, and jointly and severally agree:

- (1) To pay premiums, including renewal premiums and any other charges, to the Company or its agents, when due,
- (2) To completely INDEMNIFY the Company from and against any liability, loss, cost, attorneys' fees and expenses whatsoever which the Company shall at any time sustain as surety or by reason of having been surety on this bond or any other bond issued for any applicant and or indemnitor, or for the enforcement of this agreement, or in obtaining a release or evidence of termination under such bonds, regardless of whether such liability, loss, costs, damages, attorneys' fees and expenses are caused, or alleged to be caused, by the negligence of the Company,
- (3) To furnish the Company with satisfactory and conclusive termination evidence that there is no further liability on this bond or any other bond issued for applicant,
- (4) Upon demand by the Company for any reason whatsoever, to deposit current funds with the Company in an amount sufficient to satisfy any claim against the Company by reason of such suretyship,
- (5) That the Company shall have the right to handle or settle any claim or suit in good faith and the Company's decision shall be binding and conclusive on the undersigned. An itemized statement of loss and expense incurred by the Company, shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company,
- (6) That the Company may decline to become surety on any bond and may cancel or amend any bond without cause and without any liability which might arise therefrom,
- (7) That the Company shall, without notice, have the right to alter the penalty, terms and conditions of any bond issued for undersigned, and this agreement shall apply to any such altered bond. The liability for the undersigned shall not be affected by the failure of the undersigned to sign any bond, nor any claim that other indemnity or security was obtained, nor by the release of any indemnity, nor the return or exchange of any collateral obtained and if any party signing this agreement is not bound for any reason, this agreement will still be binding on each and every other party
- (8) That if a contract or performance bond is issued hereunder, the undersigned hereby assign to the Company any monies now due or hereafter becoming due under the contract, including all deferred payments and retained percentage, supplies, tools, plants, equipment and materials due or used on the contract,
- (9) At the Company's discretion, this indemnity agreement shall be governed in all respects by the laws of the State of South Dakota and the undersigned applicant and indemnitors consent to the jurisdiction of the courts of the State of South Dakota and the United States District Court for the District of South Dakota in all actions or proceedings arising from or relating to this indemnity agreement,
- (10) That this indemnity may be terminated by the undersigned, or any one or more parties so designated, upon written notice sent registered mail to the office of the Company at Sioux Falls, South Dakota 57104, of not less than twenty (20) days. In no event, shall any termination notice operate to modify, bar, discharge, limit, affect or impair the liability of any party hereto, for any bonds, undertakings and obligations executed prior to the date of the Company's receipt and notice of such termination
- (11) In the event of any payment by the Company, to pay the Company interest on such amounts at the highest legal rate from the date such payments are made.

Agency _____

Address _____
Street _____

City _____ State _____ Zip _____

Agent's Code _____

Signed this _____ day of _____, _____

Signature & Business/Corporate Title _____

_____ "Indemnitor"

_____ "Indemnitor"

_____ "Indemnitor"

NOTE: Personal indemnitors should sign their names before the word "indemnitor". See Guidelines on reverse side.

Check here if this correspondence was previously faxed or emailed.



PHONE (800) 331-6053

FAX (605) 335-0357

P.O. Box 5077 • Sioux Falls, South Dakota 57117-5077
www.cnasurety.com



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**Form 10-E
Supplemental for
EASY APPLICATION FOR TEXAS MEDICAID PROVIDER BOND**

Which Medicaid services do you provide? (choose one) _____ Durable Medical Equipment
_____ Home Health Care

Federal Tax ID # _____ Medicaid Provider # (if available) _____

If you are any of the following please provide business and personal financial statements (Form 60 available under Bond Applications at CNASurety.com) and answer all the questions below:

- A home health care business
- A durable medical equipment business that needs **multiple bonds** and is not licensed as a pharmacist, optician, hospital, clinic, or skilled care facility
- A licensed pharmacist, optician, hospital, clinic, or skilled care facility that needs **more than 3 bonds**

How many years have you been receiving Medicaid reimbursement? _____ Approximate dollar amount of Medicaid billings in the last year \$ _____ Expected in upcoming year \$ _____

Are you Medicare certified? _____ Yes _____ No. If you are Medicare certified, what is your 10 digit National Provider Identifier (NPI) number? _____

List any Medicaid Accreditation Organizations you have and the dates of accreditation

Date of your last audit by Medicaid _____ Any citations or problems reported? _____
If yes, describe: _____

Have you ever had a Medicare or Medicaid license revoked or experienced an adverse legal action relative to Medicare or Medicaid? _____ If yes, describe: _____
