



**Northeast Agencies National Bond Program (31-21688)
An Allstate Commercial Expanded Market Program**

**Form 10-E-DMEPOS
Supplemental for
EASY APPLICATION FOR MEDICARE PROGRAM**

Use this sheet as a convenience for providing financial information or information for secondary location(s) needing a bond.

Check one: Business Financial Statement Personal Financial Statement

ASSETS			LIABILITIES		
Cash (List Banks) _____			Accounts Payable _____		
Stocks + Bonds — Describe _____			Taxes due & accrued _____		
Notes Receivable — Describe _____			Notes Payable to Bank _____		
Merchandise or Material in Stock _____			Notes Payable to Others (Describe) _____		
Accounts Receivable _____			Mortgage on Real Estate _____ A		
Real Estate, Homestead _____ A			Mortgage on Real Estate _____ B		
Real Estate, Investment _____ B			Other Liabilities — Describe _____		
Furniture and Fixtures _____			TOTAL LIABILITIES _____		
Other Assets - Describe _____			Capital Stock (Paid in) _____		
TOTAL ASSETS _____			NET WORTH OR SURPLUS _____		
			TOTAL Liabilities and Net Worth _____		

Gross Sales - Two Years Ago _____ Last Year _____ Net Income - Two Years Ago _____ Last Year _____

Location Name and Address _____

Does applicant have a License issued by a State Board to dispense/operate as: prescription drugs; optician; hospital/clinic/ skilled care facility? Yes No License Number _____ Issuing State _____

Type _____ Date _____

National Provider Identification (NPI) Number _____

Taxpayer Identification Number (TIN) _____

National Supplier Clearinghouse or Provider Transaction Access Number (NSC/PTAN) _____

Total Annual Sales _____

Percent of sales from Durable Medical Equipment, Prosthetics, Orthotics and Supplies _____

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AGENCY DATA

Agency Name _____ Agency Code _____

Any person who knowingly and with intent to defraud any insurance company or person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law. The applicants and indemnitors certify the truth of all statements in the application and authorize the Company to verify this information and to obtain additional information from any source including obtaining a credit report.

**P.O. Box 5077 Sioux Falls, SD 57117-5077 1-800-655-3551 / Fax 605-335-0357
http://CEM.cnasurety.com Email: uwservices@cnasurety.com**

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