CNASURETY

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

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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