Application for Medicaid Surety Bond

Agency name: **Rosenzweig Insurance Agency, Inc** Agency contact: **Lynn or Rambha**

Agency phone: **516-352-7495** Agency fax **516-358-7940** Agency email: **pharmacy@rosenzweiginsurance.com**

Agency address: **160 Herricks Rd** City: **Mineola** State: **New York** Zip: **11501**

Section I: Bond Applied for

Type of bond: _____ Effective date: _____ Expiration date: _____

Type of company ___Corp ___LLC ___DBA ___Partnership Bond amount: _____

(Obligee): _____

Obligee address _____

Section II: General Information

Applicant's name: _____ Spouse name: _____

SS# _____ Spouse SS#: _____ Home phone: (____) _____

Residence address: _____ City: _____ State _____ Zip: _____

Business name: _____

Business phone: _____ Business fax: (____) _____ E-mail: _____

Business address _____ City: _____ State: _____ Zip: _____

Date business began under present individual or firm name: _____ Business tax id: _____

Has any company refused to issue bonds for any purpose? ___Yes ___no

If yes, explain _____

Has applicant ever failed in business? ___Yes ___no

If yes, explain _____

Has applicant ever filed bankruptcy? ___Yes ___no

If yes, explain _____

Do you have any liens, claims or judgments against you? ___Yes ___no

If yes, explain _____

Section III: Additional Owners or Partners as required

Name: _____ Spouse name: _____

SS#: _____ Spouse SS#: _____ Phone: _____

Home address: _____ City: _____ State: _____ Zip: _____

Personal Financials (if more than one owner, each has to fill out this application)

Statement of Assets and Liabilities as of: ____/____/_____

Assets		Liabilities	
Cash in bank		Notes payable to banks	
Cash on hand		Notes to others (excl. Of equipment)	
Stocks and bonds		Accounts payable	
Accounts receivable		Federal & state income tax due	
Notes receivable		All other taxes	
Inventory		Accruals, payrolls, etc.	
Cash value life insurance			
Equipment		Due on equipment	
Real estate		Due on real estate	
Other assets		Other liabilities	
		Capital stock (if a corporation)	
		Surplus and undivided profits	
Total assets		Total liabilities	
		Net worth	

Name of owners	Name and Title of Officers	% Ownership in Company

Completion of this form constitutes permission for Worldwide Insurance Specialists Inc. to obtain consumer information which will be used to determine bonding eligibility. This information will be held in the strictest confidence. No premium financing will be accepted as premium is earned in full.

Please fax or email the completed application to: Fax: (516) 358-7940, Email: Pharmacy@RosenzweigInsurance.com
Rosenzweig Insurance Agency, Inc. 160 Herricks Rd. Mineola, NY 11501 Tel: (516) 352-7495

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Rosenzweig Insurance Agency, Inc.
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