

**DMEPOS BOND REQUEST FORM**

**Aon Risk Services (ARS)  
Affinity Insurance Services / Commercial Surety Services - Specialty**

In Partnership with:



**Aon O&P Insurance Program**

WAZ

**Firm's Name\*:** \_\_\_\_\_

**Principal Owner's Name\*:** \_\_\_\_\_

**Requestor's Phone Number:** \_\_\_\_\_

**Requestor's E-mail Address:** \_\_\_\_\_

\* Exact legal name of entity/owner as it should appear on bond and as it is on file with the CMS.

**Mailing Address:** \_\_\_\_\_

**Address on file with the CMS:** \_\_\_\_\_

**Number of Years in Business:** \_\_\_\_\_

**Number of Years Licensed:** \_\_\_\_\_  Not Applicable, state does not license

**Name of Accrediting Agency:** \_\_\_\_\_  Not accredited by any organization

**Type of Bond:** DMEPOS

**Bond Amount:** \$50,000/Location with NPI(s)

**Obligee/Recipient of Bond\*:** Centers for Medicare & Medicaid Services

PO Box 39

\*Exact legal name, address and department, if applicable.

Lawrence, KS 66044

<b>Bond Effective Date** Requested:</b>	<b>TAX ID:</b>	
<b>NPI Number (s):</b>	<b>NSC/PTAN:</b>	
<b>Address on file at CMS for Each NPI Listed above:</b>		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

**\*\*Please Note:** This bond request form must be received at least two (2) business days prior to the date the bond is needed.

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**OWNERSHIP INFORMATION**

**NOTE:** Firms with **more than three** owners/partners should copy this page until information on all owners is complete.

<b>Name*:</b>		<b>Name*:</b>		<b>Name*:</b>	
<b>Home Address:</b>		<b>Home Address:</b>		<b>Home Address:</b>	
<b>Social Security Number:</b>		<b>Social Security Number:</b>		<b>Social Security Number:</b>	
<b>Percentage of Business Ownership:</b>		<b>Percentage of Business Ownership:</b>		<b>Percentage of Business Ownership:</b>	
<b>Does this named Applicant own real estate?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Does this named Applicant own real estate?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Does this named Applicant own real estate?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Married or Single?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Married or Single?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Married or Single?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

\* List each full or partial owner/partner.

\*\* If married, provide spouse's name and social security number.

**UNDERWRITING INFORMATION**

**NOTE:** All **YES** answers require an explanation on page three of this application.

1. Has the Company or any owner ever failed in business or been in bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	2. Has Applicant, any owner or officer ever had a Medicare or Medicaid license revoked, or experienced an adverse legal action relative to Medicare or Medicaid?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has the Company or any owner ever been in a claim with a surety company?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4. Any citations or problems reported?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is the Company or any owner subject to any prior/pending lawsuits?	<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Is Aon your firm's broker for other commercial insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Is the Company or any owner subject to any prior/pending tax liens?	<input type="checkbox"/> YES <input type="checkbox"/> NO	8. How many years has the applicant participated in Medicare?	
9. Approximate amount of Medicare billings last year:	\$ _____	10. Approximate amount of Medicare billings expected next year:	\$ _____
11. Approximate amount of Medicare billings 2 years ago:	\$ _____	12. Date of applicant's last audit by Medicare (mm/dd/yyyy):	____/____/____

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Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARS will place or renew requested surety bonds with the insurers listed below at the commission rate(s) shown.

Bond Types	Insurers	Commission % Ranges
All Bonds	ACE INA Group	20-30%
All Bonds	Acmat Group	20-30%
All Bonds	American International Group	20-30%
All Bonds	Capitol Transamerica Group	20-30%
All Bonds	Chubb Group of Insurance Companies	20-30%
All Bonds	CNA Insurance Group	20-30%
All Bonds	International Fidelity Insurance Company	20-30%
All Bonds	Jupiter Holdings Group	20-30%
All Bonds	Liberty Mutual Insurance Companies	20-30%
All Bonds	Old Republic General Insurance Group	20-35%
All Bonds	Platte River Insurance Company	20-30%
All Bonds	RLI Group	20-30%
All Bonds	Safeco Insurance Companies	20-30%
All Bonds	The Hartford Insurance Group	20-30%
All Bonds	Travelers Property Casualty Group	20-30%
All Bonds	Zurich Insurance Group	20-30%

Applicant understands that, subject to local law, when ARS invoices and collects premiums, we will invest the net premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

Submission of this Surety Bond Request Form constitutes your written or electronic acceptance of all the terms and conditions including but not limited to our compensation (commission).

X \_\_\_\_\_  
Principal Owner's Signature

\_\_\_\_\_  
Date

Questions: 800-544-2672  
FAX To: 312-381-6698

E-mail To: DMEPOS@AON.com  
Bond Website: www.aonsuretyhub.com



O&P Insurance Program

