



**WORLD WIDE BONDING AGENCY**  
 2846 WILLIAM STREET BUFFALO NEW YORK 14227  
 PH: 888-681-7685 FAX: 716-681-7683 [wwbasurety@wwbagency.com](mailto:wwbasurety@wwbagency.com) [wwbagency.com](http://wwbagency.com)

## APPLICATION – MEDICARE DMEPOS CONTACT INFORMATION

**\*If you are an insurance agent and this is your first time submitting an application to us, please include a copy of your agency license**

Contact Name		<input type="checkbox"/> Insurance Agent	<input type="checkbox"/> Applicant
		<input type="checkbox"/> Attorney	<input type="checkbox"/> Other
Email Address			
Phone	Fax		

### APPLICANT INFORMATION

Applicant or Business Name (Exactly as listed with CMS)		<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC or LLP
Business Address	City	State	Zip
NPI Number	Effective Date	Bond Amount	
Nature of Business:			
<input type="checkbox"/> Pharmacy <input type="checkbox"/> Grocery <input type="checkbox"/> Medical Supply Co <input type="checkbox"/> Other _____			
Total of all Revenue last year		Total Revenue last year from Medicare	
Date of last CMS Inspection	Any Irregularities discovered in inspection? If so, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Surety? If yes, provide Surety below and reason for change.			
Years in Business?		Year first approved by CMS?	
Please indicate if any of the following items apply to the business or any of the owners involved.			
<input type="checkbox"/> Have any lawsuits or judgments against them?		<input type="checkbox"/> Ever had their license suspended, revoked or denied?	
<input type="checkbox"/> Ever failed in business or declared Bankruptcy?		<input type="checkbox"/> Ever been party to a surety bond claim?	
<input type="checkbox"/> Any unpaid IRS or state liens?		<input type="checkbox"/> Had a bond declined or cancelled?	

### PERSONAL INFORMATION

Give the following information on each owner or stockholder, including yourself.  
 \*If more than two owners, please fill out an additional application.

Name		Social Security Number		<input type="checkbox"/> Single
				<input type="checkbox"/> Married
Address		City	State	Zip
		Telephone		
Number of years you have owned this business	Number of years experience	Percent Ownership %	Value of Primary Residence	Balance of Mortgage
Name		Social Security Number		<input type="checkbox"/> Single
				<input type="checkbox"/> Married
Address		City	State	Zip
		Telephone		
Number of years you have owned this business	Number of years experience	Percent Ownership %	Value of Primary Residence	Balance of Mortgage

**Completion of this online application constitutes permission for World Wide Agent Services, Inc. and its selected surety companies to obtain consumer information, including personal credit reports of individual applicants as well as owners and officers of business applicants, which may be used to determine bonding eligibility. Such credit reports may also be obtained at the time of any review or renewal, any potential or actual claim, or for any other legitimate purposes as determined by the surety companies in their reasonable discretion. This information is held in strict confidence.**

I acknowledge that I have read and agree to the above Terms of Service on the following date: