



Minnesota Health Care Programs (MHCP)

PCA Agency Surety Bond

PCA AGENCY NAME		AGENCY TYPE (CORPORATION, LLC, ETC.)	
STREET ADDRESS		CITY	STATE ZIP CODE
NAME OF SURETY			

KNOW ALL PERSONS BY THESE PRESENTS: That agency named above with business office at address above as PRINCIPAL and Surety named above, a corporation duly organized under the laws of the State of \_\_\_\_\_ which is authorized to engage in the business of insurance in the State of Minnesota, as SURETY, are hereby held and firmly bound to the Department of Human Services of the State of Minnesota in the sum of \$ \_\_\_\_\_ (Fifty thousand dollars for newly enrolling PCA agencies; fifty thousand dollars or ten percent of a provider's PCA payments from Medicaid in the previous year, whichever is less, for currently enrolled providers). Principal and Surety hereby bind themselves, their representatives, successors and assigns, jointly and severally.

The parties further agree that:

1. The purpose of this obligation, which is required by Minnesota Statutes, Section 256B.0659, Subd. 21, is to secure the compliance by Principal with the terms of Minnesota Statute, Chapter 256B, of all rules made by the commissioner, and any other legal obligations arising out of the Principal's conduct as a personal care assistance provider agency.
2. This bond is for the benefit of the State of Minnesota. Surety shall immediately notify the Department of Human Services if the bond lapses or is cancelled.
3. This bond shall be an annual bond in effect from \_\_\_\_\_ until \_\_\_\_\_.
4. If the Principal shall violate Minnesota Statutes, Chapter 256B, or any rules made by the commissioner or other legal obligations arising out of Principal's conduct as a PCA agency, the Commissioner of the Department of Human Services shall have, in addition to all other legal remedies, a right of action on this bond.
5. This bond may be cancelled by the Surety as to future liability upon giving thirty (30) days written notice to Oblige, said notice to be sent certified mail.
6. Regardless of the number of years this bond remains in force, the aggregate liability of the Surety for any and all claims shall in no event exceed the penal sum of the bond

NAME OF SURETY	NAME OF PCA AGENCY
SIGNATURE OF ATTORNEY IN FACT (SURETY MUST ATTACH POWER OF ATTORNEY)	SIGNATURE OF PRESIDENT/INDIVIDUAL PROPRIETOR

Minn. Stat. § 256B.0659, Subd. 21(2)

<p><b>ACKNOWLEDGMENT OF SURETY</b>  State of _____ )    ) ss.  County of _____ )  On this _____ day of _____ 20____,  _____ before me personally  appeared _____  who acknowledged that he or she is the attorney in fact who  is authorized to sign on behalf of  _____  (name of surety company)  a _____ corporation, on  (state or place of incorporation)  behalf of the corporation.</p>	<p><b>ACKNOWLEDGMENT OF PCA AGENCY</b>  State of _____ )    ) ss.  County of _____ )  On this _____ day of _____ 20____,  _____ before me personally  appeared _____  who acknowledged that he or she is the _____  of the PCA agency whose name is subscribed on this bond  form, and that he or she is authorized to execute the bond for  the purposes contained therein.</p>
<p>Notary Public  (Notary Seal)</p>	<p>Notary Public  (Notary Seal)</p>

SAMPLE  
WWWISINC.COM

# Surety Bond Application

AGENCY NAME: \_\_\_\_\_ AGENCY CONTACT: \_\_\_\_\_  
 AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_ AGENCY EMAIL: \_\_\_\_\_  
 AGENCY ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT?** \_\_\_\_\_

**NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND?** \_\_\_\_\_

**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  DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES  NO

HAS APPLICANT EVER FAILED IN BUSINESS? YES  NO  HAS APPLICANT EVER FILED BANKRUPTCY? YES  NO

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER

**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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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.

**Worldwide Insurance Specialists, Inc**  
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 Phoenix, AZ 85015

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