

BOND NO.

AMBULETTE SURETY BOND

KNOW ALL BY THESE PRESENTS,

That we, _____, as principal and, _____, a _____ corporation with principal office at _____ as Surety, are held and firmly bound unto STATE OF NEW YORK MEDICAID INSPECTOR GENERAL in the sum of **ONE HUNDRED THOUSAND DOLLARS (\$100,000.00)** for the payment of which sum, well and truly to be made, we bind ourselves, our personal representatives, successors and assigns, jointly, and severally.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH:

Whereas the Principal has been accepted or has applied for acceptance as a Transportation service provider, and

Whereas the Principal is required to reimburse the Obligee for all overpayments pursuant to Title 18 NYCRR Part 517 or Title 18 NYCRR Part 515.

NOW, THEREFORE: If the Principal shall pay to the Obligee all funds due the Obligee according to the aforementioned statutes, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED HOWEVER, that this bond is written upon the following expressed conditions:

- (1) That no liability shall accrued under this bond until the Obligee has met all of its obligations under the Title 18 of NYCRR.
- (2) That in no event shall the Surety be liable for more than penal sum stated herein.
- (3) That the Surety herein may, if it so elects, terminate its obligation under this bond by first giving thirty days written notice of its intention to the Obligee; however, the Surety shall nevertheless remain liable for any and all accrued indebtedness of the Principal incurred prior to the termination date.

This bond shall become effective _____ and shall expire on _____.

SIGNED AND SEALED THIS _____ DAY OF _____ 20____.

CLIENT

WITNESS

_____, PRESIDENT

SURETY

WITNESS

BY _____, ATTORNEY-IN-FACT

Principal's Address:
Surety Name:
Surety Phone Number:
Surety Fax Number:

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT: _____
AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
AGENCY ADDRESS: _____
(Street) (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: _____ AMOUNT: _____
OBLIGEE: _____ EFF.DATE: _____ EXP.DATE: _____
OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
BUSINESS NAME: _____
BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail: _____
BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
TYPE OF COMPANY CORP ☐ LLC ☐ DBA ☐ PARTNERSHIP ☐ HOW MANY OWNERS? _____
DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____
HAS ANY COMPANY REFUSED TO ISSUE YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
HAS APPLICANT EVER FAILED IN BUSINESS? YES ☐ NO ☐ HAS APPLICANT EVER FILED BANKRUPTCY? YES ☐ NO ☐

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME: _____
SS#: _____ SPOUSE SS#: _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
ADDITIONAL OWNERS / PARTNERS
OWNER'S NAME: _____ SPOUSE NAME: _____
SS#: _____ SPOUSE SS#: _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS		NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

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