

# CNA SURETY

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## Form 10-E-DMEPOS Supplemental for EASY APPLICATION FOR MEDICARE PROGRAM

Use this sheet as a convenience for providing financial information or information for secondary location(s) needing a bond.

Check one:  Business Financial Statement  Personal Financial Statement

ASSETS			LIABILITIES		
Cash (List Banks) _____			Accounts Payable _____		
Stocks + Bonds — Describe _____			Taxes due & accrued _____		
Notes Receivable — Describe _____			Notes Payable to Bank _____		
Merchandise or Material in Stock _____			Notes Payable to Others (Describe) _____		
Accounts Receivable _____			Mortgage on Real Estate _____ A		
Real Estate, Homestead _____ A			Mortgage on Real Estate _____ B		
Real Estate, Investment _____ B			Other Liabilities — Describe _____		
Furniture and Fixtures _____			TOTAL LIABILITIES _____		
Other Assets - Describe _____			Capital Stock (Paid in) _____		
TOTAL ASSETS _____			NET WORTH OR SURPLUS _____		
			TOTAL Liabilities and Net Worth _____		

Gross Sales - Two Years Ago \_\_\_\_\_ Last Year \_\_\_\_\_ Net Income - Two Years Ago \_\_\_\_\_ Last Year \_\_\_\_\_

Location Name and Address \_\_\_\_\_  
Does applicant have a Pharmacy License issued by a State Board of Pharmacy (to dispense prescription drugs)?  Yes  No  
Pharmacy License Number \_\_\_\_\_ Issuing State \_\_\_\_\_ Date \_\_\_\_\_  
National Provider Identification (NPI) Number \_\_\_\_\_  
Taxpayer Identification Number (TIN) \_\_\_\_\_  
National Supplier Clearinghouse or Provider Transaction Access Number (NSC/PTAN) \_\_\_\_\_  
Total Annual Sales \_\_\_\_\_  
Percent of sales from Durable Medical Equipment, Prosthetics, Orthotics and Supplies \_\_\_\_\_

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### AGENCY DATA

Agency Name **James Stafford Insurance Agency** Agency Code **42-22769**

*Any person who knowingly and with intent to defraud any insurance company or person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law. The applicants and indemnitors certify the truth of all statements in the application and authorize the Company to verify this information and to obtain additional information from any source including obtaining a credit report.*

CNA Surety 101 South Phillips Avenue, P.O. Box 5077 Sioux Falls, SD 57117-5077

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**James Stafford Insurance Agency**  
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Mount Vernon, TX 75457  
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Fax: 1-888-475-4437