

LSJ INSURANCE AGENCY INC.
P.O. Box 2576, Winter Park, FL 32790-2576
Ph: (321) 972 – 4863; Fax: (407) 644 – 4423

BUSINESS FINANCIAL STATEMENT
DMEPOS Multiple Locations

The undersigned submits the following financial statement to induce the Surety Company to become surety for the undersigned or to accept the undersigned as indemnitor.

Statement of Assets and Liabilities as of: ____/____/____

Name				TIN:	
Address					
	Street		City	State	Zip
	ASSETS			LIABILITIES	
Cash		.00	Accounts Payable		.00
Stocks + Bonds, CDs, etc. – Describe:		.00	Taxes Due and Accrued		.00
		.00	Notes Payable to Bank		.00
Notes Receivables			Notes Payable to Others (Describe)		.00
Merchandise or Material in Stock		.00	Mortgage on Real Estate	A	.00
Accounts Receivables		.00	Mortgage on Real Estate	B	.00
Real Estate	A	.00	Other Liabilities- Describe:		.00
Real Estate Investments	B	.00			.00
Furniture and Fixtures		.00	Total Liabilities		.00
Other Assets - Describe		.00	Capital Stock (Paid In)		.00
			Net Worth Or Surplus		.00
Total Assets		.00	Total Net Worth and Liabilities		.00

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 state Board of Pharmacy to dispense prescription drugs ____ Yes ____ NO			
Pharmacy License Number:	Issuing State:	Date:	
National Provider Number (NPI):	National Supplier Clearing House No (NSC/PTAN):		
TAX ID No.(TIN):	Total Annual Revenue:\$ _____	Percent Sales From DMEPOS:	%

Location Name and Address:			
Does Applicant Have a Pharmacy License issued by state Board of Pharmacy to dispense prescription drugs ____ Yes ____ NO			
Pharmacy License Number:	Issuing State:	Date:	
National Provider Number (NPI):	National Supplier Clearing House No (NSC/PTAN):		
TAX ID No.(TIN):	Total Annual Revenue:\$ _____	Percent Sales From DMEPOS:	%

Location Name and Address:			
Does Applicant Have a Pharmacy License issued by state Board of Pharmacy to dispense prescription drugs ____ Yes ____ NO			
Pharmacy License Number:	Issuing State:	Date:	
National Provider Number (NPI):	National Supplier Clearing House No (NSC/PTAN):		
TAX ID No.(TIN):	Total Annual Revenue:\$ _____	Percent Sales From DMEPOS:	%

Location Name and Address:			
Does Applicant Have a Pharmacy License issued by state Board of Pharmacy to dispense prescription drugs ____ Yes ____ NO			
Pharmacy License Number:	Issuing State:	Date:	
National Provider Number (NPI):	National Supplier Clearing House No (NSC/PTAN):		
TAX ID No.(TIN):	Total Annual Revenue:\$ _____	Percent Sales From DMEPOS:	%

I certify that the above is true to the best of my knowledge and that this information is being provided to the Surety Company to provide for additional underwriting support for fidelity and surety bond indemnity.

Signed:	Print name:	Date:
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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 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 Insurance Company to verify this information and to obtain additional information from any source including obtaining a credit report.