GREAT AMERICAN INSURANCE GROUP

Commercial Surety

DURABLE MEDICAL EQUIPMENT PROVIDER OR SUPPLIER

Supplemental Questionnaire
To Be Used in Conjunction with the Commercial Surety Application

Principal Name

Have you or any officers ever had a violation under any Medicare program in this organization or any other officer in your organization was affiliated with? ☐ Yes ☐ No

Have you or any of your officers ever been convicted of a felony? ☐ Yes ☐ No

How much do you bill Medicare on an annual basis?

What type of durable medical equipment do you supply?

How many locations do you have? Please attach a list of location names and addresses.

Date of Certification

National Provider Number

Date of last CMS on-site audit

Fidelity Coverage

Limits	
Deductible	
Carrier	
Policy Dates	

Reset