

CONCERT PROMOTER SURETY BOND
Required by the Concert Promoter Registration Act, AS 08.92

Bond Number

KNOW ALL PERSONS BY THESE PRESENTS:

That I/We _____
Name(s) of proprietor, or all partners

doing business as (DBA) _____

as Principal, and _____
Surety Company

as Surety, are held and firmly bound to the State of Alaska, for the use of the State of Alaska, and to any person who may have cause of action against the Principal for any malfeasance or misfeasance in the conduct of concert promotion by the Principal as a Concert Promoter, in the sum of FIVE THOUSAND DOLLARS (\$5,000.00), lawful money of the United States of America, to be paid to the State of Alaska for the use of the State of Alaska, and to any person who may have a cause of action against the Principal for any malfeasance or misfeasance in the conduct of Concert Promotion by the Principal as a Concert Promoter, as their interests may appear, not exceeding in the aggregate the sum of FIVE THOUSAND DOLLARS (\$5,000.00), for which payment well and truly be made we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally by these presents.

WHEREAS, the above bounden Principal has applied to the State of Alaska for registration as a Concert Promoter for the purpose of acting as a Concert Promoter required to register with the State of Alaska pursuant to AS 08.92.010 -.090 and the acts amendatory thereof and supplemental thereto;

NOW, the condition of this obligation is such,

That if the State of Alaska shall register the above bounden Principal as a Concert Promoter and that Principal shall faithfully and honestly act as a Concert Promoter in accordance with law, and fully complies with the provision of AS 08.92.010-.090 of the State of Alaska and the acts amendatory thereof and supplemental thereto, and if the Principal shall fully indemnify and save harmless from loss the State of Alaska and any person who may have a cause of action against the Principal for any malfeasance or misfeasance in the conduct of Concert Promotion, then this obligation to be voided, otherwise to remain in full force and virtue.

This bond shall not become void upon the first recovery on it, but may be sued upon from time to time until the full amount of it shall have been exhausted.

This bond is to cover all claims arising on account of the registration of the Principal acting as a Concert Promoter for the full term hereof beginning on _____, and expiring on _____

IN WITNESS WHEREOF, the principal and the surety have signed and sealed this bond on _____ (date).

PRINCIPAL

SURETY

Name: _____

Name: _____

Signature: _____

Address: _____

Title: _____

Attorney-in-Fact: _____

Agency Name: _____

Address: _____

THIS BOND IS NOT VALID UNTIL SIGNED BY BOTH PRINCIPAL AND SURETY. Note: Surety's Power of Attorney must be attached.

Division of Occupational Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806

(Surety's Seal)

Bond forms change; this is for educational purposes only.

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 | |
| | | | |
| TOTAL ASSETS | | TOTAL LIABILITIES | |
| | | NET WORTH | |

| Name of Owners | Name and Title of Officers | % OWNERSHIP IN COMPANY |
|----------------|----------------------------|------------------------|
| | | |
| | | |

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
 2424 W. Missouri AVE
 Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM