



Arkansas State Athletic Commission

Arkansas Department of Health/Combative Sports
4815 W. Markham St. Slot 36 Little Rock, AR 72205
PHONE(501)687-1038 FAX(501)255-0394
Email Address: ASAC@Arkansas.gov
Internet Address: www.ASAC.Arkansas.gov

Combative Sports Surety Bond

- This Bond is for use by Promoters licensed by the Arkansas State Athletic Commission and their Sureties.
- Promoter & Surety must read and comply with applicable Commission Regulations when submitting this Bond.

IT IS HEREBY ACKNOWLEDGED AND COVENANTED:

We, _____, as Principal and _____, as Surety,
(Licensed Promoter's Name) (Registered/Licensed Corporate Surety's Name)
 shall hereafter be jointly and severally bound and indebted to the Arkansas State Athletic Commission ("Commission") in the total amount of _____ (\$ _____), the payment of which we
(Regulations Require \$2,000 Minimum – Amateur/\$5,000 Minimum – Professional or More)
 hereby bind ourselves and our respective heirs, successors and assigns. This Bond has an Effective Date beginning on the _____ day of _____, 20____ and shall be effective for a period of one (1) year thereafter ("Effective Period").

Upon the written demand or claim of the Commission made to Surety against this Bond, Surety shall, within thirty (30) calendar days following delivery of said demand or claim and submission by Commission of an affidavit of obligations owed by Principal, pay over to the Commission the amount so claimed by Commission without the necessity of demand or further demand upon the Principal. Principal shall only be relieved from obligation to the Commission for only such portion of Principal's obligations to Commission as are paid by Surety.

Provided however, the Surety shall be relieved of liability and no claim against the Surety shall be valid if the Principal shall have actually paid, when due, all obligations owed to Commission including, without limitation, gross receipts taxes, fines/civil penalties, amounts owed to Officials, Contestants or others with whom Principal has contracted and all or each of which arise out of an Event or other matter under the jurisdiction of the Commission during the Effective Period. This is an "Occurrence Bond;" accordingly, notwithstanding the expiration of this Bond, all demands or claims made for a period of up to one (1) year following the occurrence of the event or action giving rise to the claim shall be paid by Surety provided the event or action giving rise to the claim occurred during the Effective Period. This Bond is irrevocable.

Promoter/Principal: _____ Title: _____ Date: _____
(Signature of Promoter's Authorized Representative)

Surety: _____ Signatory's Printed Name _____ Title _____
(Signature of Surety's Authorized Representative)

Surety's Address for Claims & Service of Process: _____

Surety's Contact Person: _____ Surety's Telephone: _____ Surety's Fax: _____

ACKNOWLEDGMENT OF SURETY REPRESENTATIVE

State of _____ County of _____)ss
BEFORE THE UNDERSIGNED, a Notary Public, duly commissioned, qualified and acting within and for the aforesaid County and State, on the date hereinafter written did personally appear the above referenced Surety Signatory, to me personally well known or whose identity has been sufficiently proven to my satisfaction, who after being duly sworn did swear or affirm him/herself to have the requisite authority to make the statements and bind the Surety to the foregoing document and acknowledged freely and voluntarily signed the foregoing document for the purposes therein contained.

WITNESS my hand and official seal this _____ day of _____ 20____.

 NOTARY PUBLIC PRINTED NAME My Commission Expires: _____ (SEAL)

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

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Fax: (602) 674-8235

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