

CALIFORNIA STATE ATHLETIC COMMISSION 2005 Evergreen Street, Suite 2010 | Sacramento, California 95815 Phone: (916) 263-2195 Fax: (916) 263-2197 Website: www.dca.ca.gov/csac Email: CSAC@dca.ca.gov



PROFESSIONAL CLUB AND PROMOTER'S BOND Business and Professions Code Sections 18680 and 18684

<i>4</i> -		<u> </u>						
O	}åǼ	EA	ſ	`	`	`	`	

The premium on this bond is

KNOW ALL PERSONS BY THESE PRESENTS:

That	
whose address is	
as principal, and	,
a corporation organized under the laws of the State of	, and
authorized to transact a general surety business in the State of California as Surety, ar	e held firmly
bound unto the State of California in the penal sum of	
Dollars () for the payment of which well and truly be made we bin	d ourselves,
our heirs, administrators, successors and assigns, jointly and severally, firmly by these	presents.

WHEREAS, the provisions of the Business and Professions Code Section 18680, require that the Principal file or have on file with the Commission a bond in an amount to be determined by the Commission and this bond is executed and tendered in accordance therewith.

NOW THEREFORE, the conditions of the foregoing obligation are that if that Principal shall comply with and be subject to the provisions of Sections 18680 and 18684, Business and Professions code, then this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED HOWEVER, this bond is issued subject to the following express conditions:

1. This bond guarantees, in order of priority, the payment of all taxes and fines due and payable to the State, the payment of contributions for medical insurance and to the pension and disability fund, the payment of assessments for neurological examinations, as specified in Business and Professions Code Section 18711(c), the payment of the purses to the competitors, the repayment to consumers of purchased tickets, the payment of fees to the referees, judges, timekeepers and physicians, and in the event of the cancellation of a contest or match approved by the Commission without good cause, an amount determined by the Commission which does not exceed the Commission's actual cost in connection with the approval of the contest or match.

- 2. The determination of the Commission as to the circumstances and allocation of bond payments shall be binding upon the Principal and Surety.
- 3. This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license is granted and each and every succeeding license period or periods for which said Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- 4. The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- 5. This bond may be canceled by the Surety in accordance with the provisions of Sections 996310 et.seq. of the Code of Civil Procedure.
- 6. This bond is executed by the Surety to comply with the provisions of Division 8, Chapter 2, of the Business and Professions Code and Chapter 2, Title 14, Part 2 of the Code of Civil Procedure and said bond shall be subject to all of the terms and provisions thereof.
- 7. This bond to become effective

NAME OF SURETY

ADDRESS

I certify (or declare) under penalty of perjury under the laws of the State of California that I have executed the foregoing bond under an unrevoked power of attorney.

Executed in

on _____

Name of Attorney-in-Fact

Printed or Typed Name of Attorney-in-Fact

Bond forms change; this is for educational purposes only.

Surety Bond Application

AGENCY PHONE: AGENCY ADDRESS: CURRENT OR EXPIRING QUOT IAME OF PREVIOUS SURETY (SECTION I: BOND APPLIE Type of Bond:							
URRENT OR EXPIRING QUOT IAME OF PREVIOUS SURETY (<u>SECTION I:</u> BOND APPLIE		City:		State			
URRENT OR EXPIRING QUOT IAME OF PREVIOUS SURETY (<u>SECTION I:</u> BOND APPLIE				State		Zip:	
SECTION I: BOND APPLIE		OKING TO BEA	T?				
SECTION I: BOND APPLIE	COMPANY WR	ITING THE BON	ND?				
ype of Bond:							
		Effect	tive Date:		Expiration Date	:	
ype of Company CORP LL		PARTNERSHI	Р 🗌	Bond Amount:			
Obligee):							
Obligee Address							
SECTION II: GENERAL INF	ORMATION						
Applicant's Name:			Spouse Name				
SS#:	Spouse SS#:			Home Pl	none: <u>(</u>)		
Residence Address:		City:		State:		Zip:	
Business Name:							
Business Phone: ()					il:		
Business Address:		City:		State:		Zip:	
Date Business BEGAN under pre	sent Individual	or Firm Name:		BUS	NESS TAX ID:		
SECTION III: ADDITIONA	ES TO ANY, PI AL OWNERS O	EASE EXPLAIN	NON A SEPERAN S	RATE SHEET O		PTCY? YES 📋 NO	
IAME:		SPOUSE					
SS#:		SPOUSE				E:	
IOME ADDRESS:		City:		State:		Zip:	
PERSONAL FINANCIAL		IAN ONE OWNE				<u>ATION)</u>	
ASSE					IABILITIES	•	
CASH IN BANK							
CASH ON HAND STOCKS AND BONDS			NOTES TO OTH				
ACCOUNTS RECEIVABLE			FEDERAL & STATE INCOME TAX DUE				
NOTES RECEIVABLE			ALL OTHER TAXES ACCRUALS, PAYROLLS, ETC.				
INVENTORY CASH VALUE LIFE INSURANO)F		ACCRUAL	S, PATROLLS, I	=10.		
EQUIPMENT			DUE ON E	QUIPMENT			
REAL ESTATE			DUE ON REAL ESTATE				
OTHER ASSETS			OTHER LIABILITIES				
				STOCK (if a corp AND UNDIVIDE			
			SURPLUS		D PROFIIS		
TOTAL ASSETS			TOTAL LIA	BILITIES			
		NET W		TH			
Name of Owners		Name and	Title of Office	ers	% OWNERSH	IIP IN COMPANY	
COMPLETION OF THIS FORM CONSTI	TUTES PERMISSI	ON FOR WORLDWI	DE INSURANCE S	SPECIALISTS INC. 1	TO OBTAIN CONSU	UMER INFORMATION WHICH	
WILL BE USED TO DET		G ELIGIBILITY. THI ANCING WILL BE A	IS INFORMATIO	N WILL BE HELD IN	NTHE STRICTEST	CONFIDENCE	

Worldwide Insurance Specialists, Inc Toll I 2424 W. Missouri AVE Loc Phoenix, AZ 85015 Fa E-Mail WWIS@WWISINC.COM

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