



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

BOND FORM FOR COMBATIVE SPORTS EVENTS

Instructions

- If Principal is a partnership, state all partners at beginning of Bond. All partners must sign the Bond.
- If Principal is a corporation, the president or vice-president **must** sign for the corporation. The secretary, assistant secretary, treasurer or assistant treasurer must attest their signatures.
- The Corporate Surety, if signing by an Attorney In Fact, must attach to the Bond a Power of Attorney bearing a certification date the same as, or after the date of the Bond.
- For out-of-state corporate sureties signed outside of the State of Delaware, a Qualified Delaware Resident Agent must countersign the Bond.

Enclose bond with the permit application and send it to "Combative Sports" at the address above.

BOND MUST BE ON FILE WITH THE DIVISION BEFORE PERMIT IS ISSUED

Know all men by these presents, that we _____ (Name of Promoter)
of _____ (Address,
City, State, Zip), hereinafter referred to as the principal, and _____ (Bonding Co.-
Surety), a corporation organized and existing under the laws of the State of _____ and authorized to do
business in the State of Delaware, as surety, are held and firmly bound unto the State of Delaware and the Division of
Professional Regulation herein after referred to as obligee, in the sum of \$ _____ lawful money of the United
States of America, to the payment of which sum, well and truly to be made, we bind ourselves, our executors,
administrators, successors and assigns, firmly by these presents.

The condition of this obligation is such, that whereas, the principal has made application for a permit to the obligee for the
purpose of a **Combative Sports Event**.

**This bond shall be conditioned upon the faithful performance by the promoter of his obligations under
Combative Sports Rules and Regulations of the State of Delaware promulgated pursuant to 24 Del. C. §103(b)(1),
including, but not limited to, the fulfillment of his contractual obligations to contestants, managers and other
licensees and the payment of all license and permit fees.**

Now, therefore, if the principal shall faithfully comply with all laws, ordinances, rules and regulations which have been or
may hereafter be in force concerning said registration, and shall save and keep harmless the obligee from all loss or
damage which it may sustain or for which it may become liable on account of the issuance of said permit to the principal,
then this obligation shall be void; otherwise, to be and remain in full force and effect.

Any proceeding legal or equitable, under this Bond may be brought in any court of competent jurisdiction in the State of
Delaware. Notices to Surety and Principal may be mailed or delivered to them at their respective addresses shown below.

This bond will expire on _____ (Date), but may be continued by continuation certificate signed by principal
and surety. The surety may at any time terminate its liability by giving thirty (30) days written notice to the obligee, and
the surety shall not be liable for any default after such thirty day notice period, except for defaults occurring prior thereto.

IN WITNESS WHEREOF, Principal and Surety have hereunto set their hand and seals, and such of them as are
corporations have caused their corporate seal to be hereto affixed and these presents to be signed by their duly
authorized offices

Signed, Sealed and Dated this _____ day of _____, 2_____.

PRINCIPAL

(If Principal is a corporation, the president or vice-president must sign for the corporation.)

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

(If Principal is a corporation, the secretary, treasurer or their assistants must attest the signatures above.)

By: _____

Name: _____

Title: _____

Address: _____

BONDING COMPANY

(If signed by an Attorney In Fact, attach Power of Attorney.)

EIN (Federal ID Number): _____

Surety: _____

By: _____

By: _____

Name: _____

Name: _____

Address: _____

Address: _____

QUALIFIED DELAWARE RESIDENT AGENT

(This is required if out-of-state corporate surety signed outside of the State of Delaware.)

By: _____

Title: _____

APPROVAL OF BOND

This bond form is approved as to form and legality by:

Division of Professional Regulation on _____ (Date) by _____, **Director**

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