

BPR-0009-465  
2010 January  
Rule 61K1-1.005 and  
Rule 61K1-1.0055

**FLORIDA STATE BOXING COMMISSION**  
1940 N. Monroe Street  
Tallahassee, FL 32399  
(850) 488-8500 FAX (850) 922-2249  
[www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)

**SURETY BOND  
FOR PROMOTER**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

BOND NUMBER: \_\_\_\_\_  
AMOUNT OF BOND: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

1. That (name of promoter) \_\_\_\_\_, hereinafter referred to as PRINCIPAL, and (name of surety company) \_\_\_\_\_, hereinafter referred to as SURETY, are held and firmly bound to the FLORIDA STATE BOXING COMMISSION, FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION, hereinafter referred to as COMMISSION, in the sum of (amount of bond) \_\_\_\_\_ for the payment thereof to be made to COMMISSION, and PRINCIPAL and SURETY bind themselves, their successors and assigns, heirs, executors and administrators, jointly and severally, firmly by these presents for a period of not less than that required in paragraph 5 below and which period commences this (day) \_\_\_\_\_ of (month) \_\_\_\_\_, '\_\_\_\_' \_\_\_\_.
2. The aggregate annual liability of SURETY shall be for the face amount of this bond.
3. The condition of the foregoing obligations are such that, whereas the PRINCIPAL is engaged in business as a Promoter or Foreign Co-Promoter as defined by Chapter 548, Florida Statutes, whereby certain fees and taxes are required to be paid to the COMMISSION from time to time, whereby faithful compliance with Chapter 548, Florida Statutes, and the rules of the COMMISSION is required and whereby the fulfillment of contractual obligations with others is required.
4. Now, if the PRINCIPAL, as provided by law and rule, shall account for and pay over promptly to the COMMISSION all the moneys due or which shall become due for said taxes and fees and shall otherwise comply with the provisions of Chapter 548, Florida Statutes, and the rules of the COMMISSION, and shall fulfill contractual obligations to others, then this obligation shall be void; otherwise it shall remain in full force and effect.
5. IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL PARTIES HERETO, that this bond shall be cancelled upon giving 60 days written notice to the COMMISSION, and provided that at least 90 days have elapsed since the date of the most recent match for which the PRINCIPAL acted as Promoter or Foreign Co-Promoter, the said SURETY remaining liable for all or any act or acts covered by this bond, which have been committed by the PRINCIPAL up to the effective date of cancellation, under the terms, conditions and provisions of this bond.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF US AS WITNESSES:

\_\_\_\_\_  
Signature of PRINCIPAL

\_\_\_\_\_  
Address and Telephone Number of PRINCIPAL

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of SURETY

\_\_\_\_\_  
Address and Telephone Number of SURETY

# 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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.

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 Phoenix, AZ 85015

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