

**LICENSE BOND FOR PROFESSIONAL BOXING, KICKBOXING & FULL CONTACT KARATE, AND
PROFESSIONAL MIXED MARTIAL ARTS**

KNOW ALL MEN BY THESE PRESENTS, that _____
(Promoter's Name) _____ as Principal,
and _____ of _____, a corporation
(Bonding Company Name) (Address)

doing business in the State of Kansas, as Surety, are held and firmly bound unto the State of Kansas, as Obligee, in the penal sum of TEN THOUSAND DOLLARS (\$10,000.00), lawful money of the United States, for the payment of which the said principal and surety bid themselves, their successors, heirs, executors, administrators, and assigns, jointly and severally, firmly by these presents.

The conditions of this obligation are such that –

WHEREAS, the said principal has applied to the Kansas Athletic Commission for a license to conduct events within the State of Kansas in accordance with statutes pertaining thereto, found at K.S.A. 74-50,181 *et seq.*, pursuant to rules and regulations promulgated by authority of said statutes.

WHEREAS, it is a condition under the rules adopted by the Kansas Athletic Commission of the State of Kansas that before any such permit or license is granted, the principal must file a bond of Ten Thousand Dollars (\$10,000.00) of good and sufficient surety with the Kansas Athletic Commission, conditioned for the payment of license, permit and officials' fees in addition to gross receipt levies provided by K.S.A. 74-50,181 *et seq.*, and in accordance with rules and regulations promulgated by the authority of said statutes.

NOW, THEREFORE, if the said _____ shall
(Promoter's Name)

pay the license fees and gross receipts levies provided by K.S.A. 74-50,181 *et seq.*, and pursuant to rules and regulations promulgated by authority of said statutes, at the time and in the manner specified in said statutes and rules and regulations, then these presents shall be null and void; otherwise to remain in full force and effect.

It is mutually understood and agreed between all parties hereto that if the Surety shall so elect, it may cancel this bond at any time by written notice by the Obligee stating when thereafter the cancellation shall be effective, which shall not be less than thirty (30) days after the date of mailing said notice by the Surety, if sent by mail, or not less than thirty days, after delivery of said notice to the Obligee, if not sent by mail, and the Surety shall not be liable under this bond for any loss resulting from any act or acts committed by the Principal after the effective date in said cancellation notice.

It is mutually understood and agreed that the term of this bond begins on the _____ day of _____, _____, and expires on the first day of July, _____.

IN WITNESS WHEREOF, the said Principal has caused these presents to be executed in its name (by its owners) and caused its corporate seal to be duly attached, and the said Surety has caused these presents to be hereunto affixed this _____ day of _____.

Principal	
By	By
Surety	Attorney-in-Fact

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.

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