BOND

FOR

KENTUCKY ATHLETIC COMMISSION

BOND NO.

KNOW ALL MEN BY THESE PRESENTS:

That we,	as Principal,				
And	incorporated under the laws of the State of				
	, with principal office in	_as Surety,			
are held and firmly bound u	nto the Commonwealth of Kentucky, in penal sum of Five	Thousand			
and no/100 _(5,000)	Dollars, lawful money of the United States	, for which			
payment, well and truly to	be made, we bind ourselves, our heirs, executors, admi	nistrators,			
successors and assigns, join	tly and severally, firmly by these presents.				

WHEREAS, the said Principal has applied to the Division of Occupations and Professions for registration as an athlete agent within the Commonwealth of Kentucky pursuant to KRS229.011 to 229.250.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if said Principal shall pay and discharge all obligations incurred, or to be incurred, by Principal and his or its Agents on account of taxes to the Commonwealth in connection with the show authorized by the Principle, then this obligation shall be void, otherwise to be remain in full force and effect.

PROVIDED, the liability of the Surety upon this bond shall be and remain in full force and effect for the full period of the registration and renewal thereof, issued to the Principal above named, or until ten days after receipt by the Obligee of a written notice signed by such Surety, or its authorized agent, stating that the liability of such Surety is thereby terminated and cancelled; and provided further, that nothing herein shall affect any rights or liabilities which shall have accrued under this bond prior to the date of such termination.

Signed, sealed and dated the	day of	.20
	ВҮ	Principal
		Surety
	BY	
		Attornev-i n -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						Zip:
SECTION I: BOND APPLIE		OKING TO BEA	T?			
SECTION I: BOND APPLIE	COMPANY WR	ITING THE BON	ND?			
ype of Bond:						
		Effective 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			
S#:	Spouse SS#:	se SS#:				
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			NOTES PAYABLE TO BANKS			
STOCKS AND BONDS				NOTES TO OTHERS (excl. of equipment) ACCOUNTS PAYABLE		
ACCOUNTS RECEIVABLE			FEDERAL & STATE INCOME TAX DUE			
NOTES RECEIVABLE			ALL OTHER TAXES			
INVENTORY CASH VALUE LIFE INSURANO)F		ACCRUAL	S, PAYROLLS, I	=10.	
EQUIPMENT			DUE ON E	QUIPMENT		
REAL ESTATE			DUE ON REAL ESTATE			
OTHER ASSETS			OTHER LIABILITIES			
		CAPITAL STOCK (if a corporation) SURPLUS AND UNDIVIDED PROFITS				
			SURPLUS		D PROFIIS	
TOTAL ASSETS			TOTAL LIA	BILITIES		
			NET WORTH			
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