Kentucky Boxing and Wrestling Authority Promoter Bond Form

KNOW ALL MEN BY THESE PRESENTS:

That we,	as Principal, and	
incorporated under the laws of office in	the State of, who as Surety, are held and firmly bound	nich principal nd until the
•	penal sun of Five Thousand and no/100	
	ed States, for which payment, we and truly	
_	ecutors, administrators, successors and as	signs, jointly
and severally, firmly by these pres	sents.	
	has applied to the Kentucky Boxing at	
Authority for registration as an at pursuant to KRS 229.011 to 229.2	hletic promoter within the Commonwealth 250.	of Kentucky
NOW THEREFORE THE COM	NDITION OF THIS OBLIGATION IS S	SUCH that if
	harge all obligations incurred, by said Prin	
	to the Commonwealth of Kentucky in con	•
	ripal, then this obligation shall be void, other	
remain in full force and effect.		
PROVIDED, the liability of the	Surety upon this bond shall be and remain	in full force
	of the registration and renewal thereof, i	
	ten days after receipt by the Oblige of a v	
	norized agent, stating that the liability of s	•
-	; and provided further, that nothing herei	
	hall accrue under this bond prior to the	date of such
termination.		
Signad goaled and dated the		1
Signed, sealed and dated the	, 20)
	Principal	
	•	
	Ву	
	Surety	
	2	
	ByAttorney-In-Fact	
	ALIOTNEV-IN-PACL	

Surety Bond Application

AGENCY NAME:	AGENCY CONTACT:					
	_AGENCY FAX:AGENCY EMAIL:					
AGENCY ADDRESS:			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	; #:	Ho	me Phone: ()			
Residence Address:	City:	St	ate:	Zip:		
Business Name:						
Business Phone: ()	_Business Fax: ()	E-mail:			
Business Address:	City:	St	ate:	Zip:		
Date Business BEGAN under present Individual or Firm Name: BUSINESS TAX ID:						
HAS ANY COMPANY REFUSED TO ISSUE BONDS DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS						
FOR ANY PURPOSE? YES NO AGAINST YOU? YES NO AGAINST YOU? YES NO AGAINST YOU?						
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 N	IAME:	•			
SS#:	SPOUSE S	SS#:	PHON	E:		
HOME ADDRESS:	City:		state:			
PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)						
STATEMENT OF ASSETS AND LIABILITIES AS OF						
ASSETS CASH IN DANK		NOTES PAYABLE TO	LIABILITIES	<u> </u>		
CASH IN BANK CASH ON HAND		NOTES TO OTHERS				
STOCKS AND BONDS		ACCOUNTS PAYABI				
ACCOUNTS RECEIVABLE		FEDERAL & STATE	NCOME TAX DUE			
NOTES RECEIVABLE		ALL OTHER TAXES				
INVENTORY CASH VALUE LIFE INSURANCE		ACCRUALS, PAYROLLS, ETC.				
EQUIPMENT		DUE ON EQUIPMENT				
REAL ESTATE		DUE ON REAL ESTATE				
OTHER ASSETS		OTHER LIABILITIES				
		CAPITAL STOCK (if a corporation)				
		SURPLUS AND UND	IVIDED PROFITS			
TOTAL ASSETS TOTAL LIABILITIES						
TOTAL AGGLIG		NET WORTH				
Name of Owners	Name and T	itle of Officers	% OWNERSH	IIP IN COMPANY		
1	1					

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