

**MARYLAND STATE ATHLETIC COMMISSION (MSAC)
PROMOTER'S BOXING AND WRESTLING TAX BOND**

BE IT KNOWN, that _____, PRINCIPAL and

_____, as Surety, are held and firmly bound
unto the State of Maryland for the payment of any Boxing and Wrestling Tax that may be
imposed pursuant to Tax-General Article, §6-102 Annotated Code of Maryland in connection
with a professional boxing, kickboxing, or wrestling event promoted by the Principal up to, and
including, the full and just sum of _____
(\$ _____).

The Principal and Surety bind themselves, their heirs, executors, administrators, successors
and assigns, jointly and severally, for the payment of these taxes by these presents.

WHEREAS, The Principal has applied to the Maryland State Athletic Commission for a license
as a Promoter; and

WHEREAS, Under the provisions of Tax-General Article, §13-825(c), Annotated Code of
Maryland, the Comptroller may require a person whose gross receipts are subject to the Boxing
and Wrestling Tax to post security for the Boxing and Wrestling Tax in an amount that the
Comptroller determines;

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH that, if the above
bounded Principal shall pay in full all of the Boxing and Wrestling Tax monies that are due in
connection with a professional boxing, kickboxing or wrestling event promoted by the Principal
within THIRTY (30) DAYS of the said event, the obligation, as it relates to the said event, shall
be deemed satisfied.

PROVIDED, FURTHER, that if the amount of the Boxing and Wrestling Tax due is not paid in
full within THIRTY (30) DAYS of the said event, the Surety shall be responsible for the payment
of all such taxes and shall pay this amount to the Comptroller forthwith.

PROVIDED, FURTHER, that this bond shall be in the amount of _____

(\$ _____), and shall be in full force and effect for a period of one year commencing with
the date of the Principal's licensure as a Promoter by the Maryland State Athletic Commission.

From (_____) To (_____)

PROVIDED, FURTHER, the Surety may cancel this bond at any time by giving SIXTY (60)
DAYS written notice of such cancellation via certified mail to the Comptroller and the Maryland
State Athletic Commission; however, the Surety shall remain liable for any defaults under this
bond committed prior to the expiration of such SIXTY (60) DAY period.

Signed, sealed and dated this _____ day of _____, 20_____.

PRINCIPAL

SURETY

BY: _____

BY: _____

(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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