

The Commonwealth of Massachusetts State Athletic Commission

BOND FORM FOR PROFESSIONAL EVENTS

Know all men by these presents, that we _____
(name of promoter)
of _____ hereinafter referred to as the principal,
(Address, city, state, zip)
and _____, a corporation organized and existing under the laws of the State
(bonding company)
of _____ and authorized to do business in the Commonwealth of Massachusetts, as surety, are
(state)

held and firmly bound unto the Massachusetts State Athletic Commission, hereinafter referred to as obligee, in the sum of **\$50,000** lawful money of the United States of America, to the payment of which sum, well and truly be made, we bind ourselves, our executors, administrators, successors, and assigns, firmly by these presents. The condition of this obligation is such, that whereas, the principal has made application for a license to the obligee for the purpose of conducting a boxing, mixed martial arts, or other unarmed combative sporting event within the jurisdiction of the obligee.

This bond shall be conditioned upon the faithful performance by the principal of its obligations as set out in G.L. c.147, §34, specifically, payment to the commonwealth of the sums mentioned in G.L. c.147, §40, and upon faithful compliance by the licensee with the provisions of G.L. c.147, §§32-47, inclusive, the rules and regulations (523 CMR) of the obligee, and with such other laws of the commonwealth as may be applicable to anything done by the licensee in pursuance of the license.

Now, therefore, if the principal shall faithfully comply with all laws and regulations which have been or may hereafter be in force concerning said license, and shall save and keep harmless the obligee from all loss or damage which it may sustain or for which it may become liable on account of the issuance of said license to the principal, then this obligation shall be void; otherwise, to remain in full force and effect. The Massachusetts Attorney General may file a claim with the surety on behalf of any person who has suffered or sustained a loss or damage by reason of the principal's act or failure to act as described in the preceding paragraph.

This bond will expire on _____, but may be continued by continuation certificate signed by principal and surety. The surety may at any time terminate its liability by giving thirty days written notice to the obligee, and the surety shall not be liable for any default after such thirty day notice period, except for defaults occurring prior thereto.

Signed this _____ day of _____, 20_____.

Principal: _____

Name: _____ Title: _____

Surety (Bonding company): _____ EIN number (Fed ID #): _____

By: _____

Name: _____ Title: _____
(if applicable, attach power of attorney)

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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