



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**LICENSE BOND FOR BOXING, MARTIAL ARTS, OR WRESTLING**  
**EXHIBITIONS**

OFFICE OF ATHLETICS  
 P.O. BOX 1335  
 JEFFERSON CITY, MO 65102  
 (573) 751-0243  
 (573) 751-5649 FAX

KNOW ALL MEN BY THESE PRESENTS, that \_\_\_\_\_  
(PROMOTER'S NAME)

\_\_\_\_\_ as Principal,  
 and \_\_\_\_\_ of \_\_\_\_\_, a corporation  
(BONDING CO. NAME) (ADDRESS)

doing business in the State of Missouri, as Surety, are held and firmly bound unto the State of Missouri, as Obligee, in the penal sum of FIVE THOUSAND DOLLARS (\$5,000.00), lawful money of the United States, for the payment of which the said principal and surety bind 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 Office of Athletics of the State of Missouri for a license to conduct exhibitions within the state of Missouri in accordance with statutes pertaining thereto, found at Chapter 317, RSMo and pursuant to rules promulgated by authority of said statutes.

WHEREAS, it is a condition under the rules adopted by the Office of Athletics of the State of Missouri that before any such permit or license is granted, the principal must file a bond of Five Thousand Dollars (\$5,000.00) of good and sufficient surety with the Office of Athletics, conditioned for the payment of license fees and gross receipt levies provided by Chapter 317, RSMo, and in accordance with rules and promulgated by authority of said statutes.

NOW, THEREFORE, if the said \_\_\_\_\_ shall  
(PROMOTER'S NAME)  
 pay the license fees and gross receipts levies provided by Chapter 317, RSMo and pursuant to rules promulgated by authority of said statutes, at the time and in the manner specified in said statutes and rules 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 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, \_\_\_\_\_  
(MONTH) (YEAR) (YEAR)

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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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

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