

STATE OF NEBRASKA

Athletic Commission

BOND FOR

AMATEUR BOXING LICENSE and AMATEUR MIXED MARTIAL ARTS
(\$1000.00)

PROFESSIONAL BOXING, ELIMINATION BOUT/TOURNAMENTS, WRESTLING,
AND PROFESSIONAL MIXED MARTIAL ARTS LICENSE (\$5000.00) []

That we, () as principal and
(GREAT AMERICAN INSURANCE COMPANY) a corporation admitted to do business in the
State of Nebraska, as surety, are held and firmly bound unto the State of Nebraska,
Athletic Commissioner in the amount indicated in the caption of this form for the license
involved for the payment of which well and truly to be made, we hereby bind ourselves,
our heirs, executors, administrators, successors and assigns, jointly and severally, firmly
by these presents.

NOW THE CONDITION OF THIS OBLIGATION IS SUCH, That, whereas said
principal has been issued, or is about to be issued, by the Athletic Commissioner, State of
Nebraska, a license for the holding of wrestling, boxing, mixed martial arts, and sparring
matches and exhibitions as defined in said license according to the terms of the Statutes
of the State of Nebraska and the rules and regulations of the Athletic Commissioner.

NOW, THEREFORE, if said principal shall well and truly observe and comply
with all such laws, rules and regulation for the period of one (1) year, during which said
license shall be in force, then this obligation shall be void, otherwise to be and remain in
full force and effect.

Regardless of the number of years this bond remains in force, the aggregate liability of
the Surety for any and all claims shall in no event exceed the penal sum of the bond

This bond may be cancelled by the Surety as to future liability upon giving thirty (30)
days written notice to Obligee, said notice to be sent certified mail.

These parties hereto have hereunto set their hands and seal this day of
_____, 20_____.

This bond is effective beginning _____, 20_____.

Countersigned by: Name: _____
Address: _____
Principal: _____
Bonding Co.: _____

Nebraska Licensed Agent Address: _____

Attorney-In-Fact: _____

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
 AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
 AGENCY ADDRESS: _____
(Street) (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: _____ AMOUNT: _____
 OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
 OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
 BUSINESS NAME: _____
 BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
 BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO
 HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
 ADDITIONAL OWNERS / PARTNERS
 OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS	NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc **Toll Free: (888) 518-8011**
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Phoenix, AZ 85015 **Fax: (602) 674-8235**
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