Oklahoma State Athletic Commission 1000 N.E. 10th, Room 1213 Oklahoma City, OK 73117 (405) 271-9444, Ext. 57993

SURETY BOND FOR BOXING, KICKBOXING, MMA AND WRESTLING EVENTS Bond #_____

KNOW ALL MEN BY THESE PRESENTS, that
Principal, and of
A corporation doing business in the State of Oklahoma, as Surety are held and firmly bound unto the
Oklahoma State Athletic Commission, as Obligee, in the penal sum of FIVE THOUSAND &
00/100*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 is engaged in business as a Promoter as defined by Title 3A O.S. Supp.
1995, Section 602, has applied to the Oklahoma State Athletic Commission of the State of Oklahoma for
license to conduct exhibitions within the state of Oklahoma in accordance with statute pertaining thereto,
found in Title 3A O.S. Supp. 1995 Sections 601 et. Seq. of the Oklahoma Statutes, and pursuant to rules
promulgated by authority of said statutes, upon the faithful performance by the promoter of all duties and
responsibilities, the failure of which shall include but not be limited to the cancellation of a Professional
boxing contest or Professional exhibition without good cause as determined by the Commissioner once the
Professional boxing contest or Professional exhibition has been approved by the Department.
WHEREAS, it is a condition under the rules adopted by the Oklahoma State Athletic Commission of the
State of Oklahoma 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 Oklahoma State Athletic Commissio
conditioned for the payment of all taxes, fees, fines and other monies due and payable, including but not
limited to the payment of purses to the competitors, and contributions for required insurance, pensions,
disability and medical examinations, the repayment of ticket holders of purchased tickets, the payment of
fees to ring officials and physicians, as provided for by the Oklahoma State Athletic Commission Act, and
in accordance with rules promulgated by authority of said statutes.
NOW, THEREFORE, if said principal shall pay all fees and monies stated in the preceding paragraph,
provided by the Oklahoma State Athletic Commission Act, and pursuant to rules promulgated by authority
of said statutes, at the time and in the manner specified in said statutes and rules than these presents shall
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 to the Obligee stating when thereafter the cancellation shall
be effective, which shall not be less than thirty (30) days after the date of mailing said notice by the surety
if sent by mail, or not less than thirty (30) days, after delivery of said notice of 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
and expires on the last day of
and expires on the last day of
IN WITNESS WHEREOF, the said Principal has caused these presents to be executed in its name, (by i
Managing Member, and caused its seal to be duly attached). And the said Surety has caused these present
to be hereunto affixed thisday of
to be neredino arrixed dilis
By:
By:

INTEGRITY SURETY BOND APPLICATION

AGENCY NAME:		AGENCY CONTACT			
AGENCY PHONE:		AGENCY FAX: E-MAIL:			
AGENCY ADDRESS:(Street)					
CURRENT OR EXPIRING QUOTE WE AR	E LOOKING TO REAT	7	(City)	(State)	(Zip)
NAME OF PREVIOUS SURETY COMPAN					
SECTION I: BOND APPLIED FOR:					
TYPE OF BOND:		EFF.DATE:	EXP.DA	TE:	
TYPE OF COMPANY CORP ☐ LLC ☐	DBA 🗌 PARTNE				
OBLIGEE:					
OBLIGEE ADDRESS:					
SECTION II: GENERAL INFORMATION		(City)	(State)		(Zip)
APPLICANT'S NAME:		SPOUSE NAME			
SS#: SPC	DUSE SS#	_ Н	OME PHONE:		
RESIDENTIAL ADDRESS:		_			
(Street)		(City)	(State)		(Zip)
BUSINESS NAME:					
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail		
BUSINESS ADDRESS:					
(Street)			(State)		(Zip)
DATE BUSINESS BEGAN UNDER CURREN	IT NAME:		BUSINESS TAX ID:		
HAS ANY COMPANY REFUSED TO ISSUE			LIENS, CLAIMS, OR JUDG	EMENTS	YES NO
BONDS FOR ANY PURPOSE?		AGAINST YOU?			
HAS APPLICANT EVER FAILED IN BUSINE	SS? YES 🗌 NO 🗌	HAS APPLICANT EVI	ER FILED BANKRUPTCY?	?	YES NO
IF YES TO ANY	, PLEASE EXPLAIN ON	A SEPERATE SHEET	OF PAPER:		
			- C		
SECTION III: ADDITIONAL OWNERS / PAR APPLICANT'S NAME:	TNERS	SPOUSE NAME			
	DUSE SS#	_ _ H	OME PHONE:		
RESIDENTIAL ADDRESS:					
(Street)		(City)	(State)		(Zip)
	MENT OF ASSETS &				
ASSETS		LIABILITI			
CASH ON HAND	\$	NOTES PAYABLE		\$	
CASH ON HAND STOCKS & BONDS	\$	ACCOUNTS PAY		\$	
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) \$			
	*			\$	
TOTAL ASSETS	\$	TOTAL LIABILITI	·—··		
		NET WORTH		\$	
NAME OF OWNERS	NAME & TITLE	OF OFFICERS	PERCENTAGE OF OW	NERSHIP	

Completion of this form constitutes permission 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.

Integrity Bonds Inc Toll Free: (866) 420-2613

Local (480) 626-8916 Fax: (602) 674-8235

E-Mail info@integritybonds.com