



OREGON STATE ATHLETIC COMMISSION  
4190 AUMSVILLE HWY SE  
SALEM, OR 97317  
Phone (503) 378-8739 Fax (503) 378-6878

**Surety Bond Affidavit**

STATE OF: \_\_\_\_\_

BOND NUMBER: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

AMOUNT OF BOND: \_\_\_\_\_

Surety bond given by (name of principal) \_\_\_\_\_, of (street address)

\_\_\_\_\_, City of \_\_\_\_\_, and (name of surety) \_\_\_\_\_ ;

as SURETY, a corporation incorporated under the laws of the State of \_\_\_\_\_ and authorized to conduct SURETY business in Oregon.

Principal and SURETY, are bound to the Oregon Department of the State Police, Oregon State Athletic Commission, and superintendent of the Oregon Department of State Police, hereinafter referred to as "Department", in the sum of \_\_\_\_\_, for the payment of which Principal and Surety jointly and severally bind themselves their successors assigns and legal representatives.

This obligation shall run continuously from the date of execution of this bond, which is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and shall remain in full force and effect until and unless this bond is terminated and canceled as provided herein or as otherwise provided by law. SURETY may terminate its obligation hereunder by giving written notice to DEPARTMENT and such termination shall be effective thirty days after DEPARTMENT's receipt of such notice. Such notice shall not, however, terminate SURETY'S obligation which may have arisen prior to the thirtieth day following DEPARTMENT's receipt of SURETY.

If the PRINCIPAL fully performs its obligations to DEPARTMENT by timely paying to DEPARTMENT:

- A) Timely payment of all taxes and civil penalties due the state or its political subdivisions.
- B) Payment to the state or a political subdivision thereof which establishes liability against a promoter for damages, penalties, or expenses arising from promotional activity.
- C) Payment of the purses of the competitors.
- D) Payment of reimbursement to the superintendent of the cost of approval of an event canceled by the promoter without good cause; and
- E) Payment of compensation to inspectors, referees, timekeepers, judges, and event medical personnel

As provided by ORS Chapter 463, OAR 230-140-0000 through 230-1470-0040, and Chapter 183 of the Oregon Administrative Procedures Act, then this obligation shall be void; otherwise this obligation shall remain in full force and effect. If PRINCIPAL breaches any of the conditions of this bond SURETY shall be bound as PRINCIPAL in the amount of this bond for any and all obligations unpaid by PRINCIPAL and SURETY shall answer for each breach independent of PRINCIPAL and regardless whether PRINCIPAL is proceeded against first or at any time.

\_\_\_\_\_  
Signature of PRINCIPAL

\_\_\_\_\_  
Signature of SURETY

\_\_\_\_\_  
Address of PRINCIPAL

\_\_\_\_\_  
Address of SURETY

\_\_\_\_\_  
Telephone Number of PRINCIPAL

\_\_\_\_\_  
Telephone Number of SURETY

## 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

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**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                              **Fax: (602) 674-8235**  
**E-Mail SAM@WWISINC.COM**