

**Commonwealth of Pennsylvania**  
**DEPARTMENT OF STATE**  
**PENNSYLVANIA STATE ATHLETIC COMMISSION**

**BOND FORM FOR PROFESSIONAL MIXED MARTIAL ARTS PROMOTER**

Know all men by these presents, that we \_\_\_\_\_ (Name of Boxing Promoter)  
Of \_\_\_\_\_ (Address, City, State, Zip) hereinafter referred to as  
the principal, and \_\_\_\_\_ (Bonding Co. - Surety), a corporation organized and  
existing under the laws of the State of \_\_\_\_\_ and authorized to do business in the State of  
Pennsylvania, as surety, are held and firmly bound unto Commonwealth of Pennsylvania - State Athletic  
Commission herein after referred to as obligee, in the sum of **\$15,000** lawful money of the United States  
of America, to the payment of which sum, well and truly to 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 registration  
to the obligee for the purpose of, or to exercise the vocation of **Professional Mixed Martial Arts  
Promoter**.

**This bond shall be conditioned upon the faithful performance by the promoter of his obligations  
under the Boxing Act, 5 Pa.C.S. § 301 et seq., and the rules and regulations promulgated pursuant to  
this subpart, including, but not limited to, the fulfillment of his contractual obligations to contestants,  
managers and other licensees and the payment of all license and permit fees.**

Now, therefore, if the principal shall faithfully comply with all ordinances, rules and regulations which  
have been or may hereafter be in force concerning said registration, 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 registration to the principal, then this obligation shall be void; otherwise, to remain in full  
force and effect.

This bond will expire on \_\_\_\_\_ (DATE), but may be continued by continuation  
certificate signed by principal and surety. The surety may at any time terminate its liability by giving thirty  
(30) 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, Sealed and Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Principal:** \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

**Bonding Company:**

EIN NUMBER (Federal ID Number) = \_\_\_\_\_ Surety: \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_  
Qualified Pennsylvania Resident Agent (if required)

\_\_\_\_\_  
Title (Attach Attorney In Fact if required)

This bond form is approved as to form and legality by:

State Athletic Commission on \_\_\_\_\_ (Date) by \_\_\_\_\_ (Executive Director)

Department of State on \_\_\_\_\_ (Date) by \_\_\_\_\_ (Chief Counsel)

Office of the Attorney General on 16-K-285 Office of General Counsel 16-K-285

**COMMONWEALTH OF PENNSYLVANIA  
STATE ATHLETIC COMMISSION**

**Instructions for Bond Form – Professional Mixed Martial Arts Promoter**

If Principal is a partnership, **please** state all partners at beginning of Bond, and all partners shall sign the **Bond**. If Principal is a corporation, the president or vice-president **must** sign for the corporation. Their signatures shall be attested to by the Secretary, Asst. Secretary, Treasurer or Asst. Treasurer.

The Corporate Surety, if signing by an Attorney In Fact, shall have attached to the Bond a Power of Attorney bearing a certification date **the same as**, or subsequent, to the date of **the Bond**. Out of state corporate sureties signed outside of the Commonwealth of Pennsylvania, shall have said Bond countersigned by a Qualified Pennsylvania Resident Agent.

**\*\* BOND MUST BE ON FILE WITH THE COMMISSION BEFORE REGISTRATION IS VALID \*\***

**Promoter's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Amount \$ 15,000**

**Expiration Date:** \_\_\_\_\_

**\* Bond and filing Fee of \$25.00 (Payable to the Commonwealth of PA) shall be sent to:**

Pennsylvania State Athletic Commission  
2601 North 3<sup>rd</sup> Street  
Harrisburg, PA 17110

SAMPLE.COM  
WWW.SINC.COM

## 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**