COMMONWEALTH of PENNSYLVANIA
DEPARTMENT OF STATE
PENNSYLVANIA STATE ATHLETIC COMMISSION

BOND FORM FOR ATHLETE AGENT

Know all men by these presents, that we _____ (**Name of Athlete Agent**) 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 $20,000 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 **Athlete Agent.**

The bond shall be conditioned upon the following: 1) compliance with the Uniform Athlete Agents Act, 5 Pa.C.S. § 3101 *et seq*., 2) the payment of all sums due a person at the time the sums are due and payable, and 3) the payment of damages suffered by any person as a result of intentional or unintentional misstatements, misrepresentation, fraud, deceit or unlawful or negligent acts of the student athlete agent while acting as a student athlete agent. .

Now, therefore, if the principal shall faithfully comply with all laws, 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 _____, 20_____.

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 16-K-300 Office of General Counsel 16-K-300

Revised 5/2007

COMMONWEALTH OF PENNSYLVANIA
STATE ATHLETIC COMMISSION

Instructions for Bond Form - Athlete Agent

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 **

Agent's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Amount $ 20,000

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 3rd Street
Harrisburg, PA 17110

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 FINANCIALSTATEMENT 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
2424 W. Missouri AVE
Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail SAM@WWISINC.COM