

**COMMONWEALTH of PENNSYLVANIA
DEPARTMENT OF STATE
PENNSYLVANIA STATE ATHLETIC COMMISSION**

BOND FORM FOR PROFESSIONAL WRESTLING PROMOTER

Know all men by these presents, that we _____ (Name of Wrestling 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 **\$10,000** 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 Wrestling Promoter**.

This bond shall be conditioned on the faithful performance by the promoter of his obligations under the Wrestling Act, 5 Pa.C.S. § 1901 et seq., the rules and regulations promulgated under this subpart, and any contract with an entity in charge of an arena or other facility at which the exhibition is held.

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 _____.

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-290 Office of General Counsel 16-K-290

**COMMONWEALTH OF PENNSYLVANIA
STATE ATHLETIC COMMISSION**

Instructions for Bond Form – Professional Wrestling 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 \$ 10,000

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

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