



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Compliance Division/COMBATIVE SPORTS PROGRAM

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COMBATIVE SPORTS PROMOTER BOND

THE STATE OF TEXAS

COUNTY OF _____

BOND NO. _____

THAT (I) (WE), _____
Owner(s)/ Corporation

_____ of _____, Texas,
(Complete name of service/business name) (City)

as Principal, and _____
(Surety)

as SURETY, duly authorized and qualified to do business as a surety company in the state, are firmly bound unto the STATE OF TEXAS in the sum of FIFTEEN THOUSAND AND NO/100 DOLLARS (\$15,000) payable at Austin, Travis County, Texas, to the State for damages and restitution of expenses, including reasonable attorney's fees, incurred by any person as the result of the operation of the Principal as a Combative Sports Promoter pursuant to Texas Occupations Code Chapter 2052 and for the payment of which, well and truly to be made, we bind ourselves, our heirs, successors and assigns, jointly and severally, firmly by these presents.

This bond is to remain in full force and effect subject to the following terms and conditions:

1) As of _____, 20____, this bond shall be in full force and effect until cancelled by the SURETY.

2) This bond is open to successive recovery, but in no event shall the aggregate liability of the SURETY under this bond for any and all damages to one or more claimants exceed the face value of this bond.

3) The SURETY may at any time cancel this bond by giving thirty (30) days written notice to the Texas Department of Licensing and Regulation. The SURETY, however, remains liable for any default under this bond committed prior to the expiration of such thirty-day period and the bond shall be maintained until the expiration of four years after the PRINCIPAL ceases to be licensed as a promoter.

4) Any person injured or aggrieved by any violation of this law by the PRINCIPAL, or his or her agents or representatives, is entitled to bring suit on this bond.

IN WITNESS WHEREOF, said PRINCIPAL and SURETY have executed this bond this _____ day of _____, 20____, to be effective on the _____ day of _____, 20____.

Principal's Signature (President's if Incorporated)

Secretary's Signature (if Incorporated)

AFFIDAVIT TO BE USED BY BONDING COMPANY

THE STATE OF TEXAS, COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____ Attorney-in-Fact for the below-named Surety on the above bond, being personally known to me to be the person whose name is subscribed hereto in the capacity of Attorney-in-Fact of said Surety, and being by me duly sworn says on oath that the surety is worth in its own right, over and above all exemptions, the full amount of the bond, and based on information and belief he executed same pursuant to the attached Attorney-in-Fact affidavit as the act and deed of said corporations for the purposes and consideration therein expressed.

Name of Bonding Company

By: _____
(signature of Attorney-in-Fact)

Subscribed and sworn to before me this ____ day of _____, 20 ____.

Notary Public

Commission Expires:

INTEGRITY 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: _____ EFF.DATE: _____ EXP.DATE: _____
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP AMOUNT: _____
 OBLIGEE: _____

OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)

SECTION II: GENERAL INFORMATION

APPLICANT'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

BUSINESS NAME: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____

BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)

DATE BUSINESS BEGAN UNDER CURRENT NAME: _____ 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

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER:

SECTION III: ADDITIONAL OWNERS / PARTNERS

APPLICANT'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

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 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

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