



Professional Boxing, Martial Arts, Wrestling and Amateur Mixed Martial Arts Surety Bond

Combative Sports Program
Department of Licensing
PO Box 9026
Olympia, WA 98507-9026
Phone: (360) 664-6644
Fax: (360) 570-4956

Know all persons by these presents: That _____ Applicant/Owner

- A sole proprietor A partnership A corporation A limited liability company (LLC)

doing business as _____

at the following address _____ and/or

a corporation organized and existing under the laws of the state of _____ and authorized to transact surety business in the state of Washington, as surety, are held and firmly bound unto the state of Washington in the sum of \$ _____ lawful money of the United States of America to be paid to the said state of Washington, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally.

The condition of the above obligation is such that: Whereas, the said principal has made application for a professional/amateur athletic event/promoter license by the Business and Professions Division of the State of Washington for carrying on the business of promoting an athletic event within the State of Washington; and is required by 67.08 RCW to furnish a bond in the penal sum of \$ _____ with good and sufficient surety, conditioned as required by said law.

Now, therefore, If the said principal will comply with all the provisions of 67.08 RCW of the state of Washington and with all rules and regulations adopted by the Director of the Department of Licensing, of said state pursuant to the provisions of 67.08 RCW and will pay all amounts that may be adjudged against principal by reason of violation of 67.08 RCW or any rules or regulations adopted pursuant thereto in the conduct of principal's business as an event promoter then the above obligation shall be null and void; otherwise to remain in full force and effect.

Provided: That any person having a claim against the principal for damage as a result of any violation by principal or his/her agent of 67.08 RCW or any rules or regulations adopted pursuant thereto may bring a suit on this bond in the superior court of the county in which the principal's business is located, or of any county in which jurisdiction of the principal may be had.

Provided further: That the aggregate liability of the surety hereunder for any and all claims presented shall not exceed the penal sum of this bond.

Provided further: that the Business and Professions Division shall be notified 30 days prior to the cancellation of this bond, along with the reason for cancellation or termination. No bond filed shall be approved unless it expressly provides that it will be effective for one year following the effective date of its cancellation or termination, whether because of expiration, suspension, or revocation of the license, or otherwise, as to any covered act or acts and omission or omissions of the licensee occurring on, or prior to, the effective date of cancellation or termination.

In witness whereof, the said principal and the said surety have affixed their hands and seal this _____ day of _____, _____ Bond effective date _____ Bond number _____

Principal

X _____
Signature of applicant/owner or individual authorized to sign for partnership or corporation

(surety seal)

Surety

Name _____
Attorney-in-Fact _____
Agency name _____
Resident agent _____
Address _____

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**
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Phoenix, AZ 85015 **Fax: (602) 674-8235**
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