



WEST VIRGINIA ATHLETIC COMMISSION
PROMOTER'S LICENSE BOND

Surety Bond Number:

KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_ as Principal, and \_\_\_\_\_, a firm and/or a corporation authorized to do business in the State of West Virginia, as Surety, are held and firmly bound unto the State of West Virginia in the just and full sum of Ten Thousand Dollars (\$10,000.00) to the payment whereof well and truly to make, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above-bound Principal, has made application to be licensed as a boxing promoter in the State of West Virginia, and is required to post a surety bond under the provisions of West Virginia Code §29-5A-15 prior to the issuance of such license;

NOW THEREFORE, the condition of this obligation is such that, if the above-bound Principal shall, for the period for which the license is granted, make timely and full payment of all purses, awards and other payments legally due to all contestants and event staff participating in the professional or semi-professional boxing matches, competitions or exhibitions organized by the Principal as a licensed promoter, then this obligation shall be void; otherwise to remain in full force and effect; and

THIS BOND shall be effective from the date of execution shown below, until the license granted to the Principal expires on the 30th day of June, \_\_\_\_\_. This obligation may be continued from year to year by the Surety issuing a continuation certificate and any continuation shall establish a new bonding period.

IN WITNESS WHEREOF, the said Principal has hereunder set his or its hand and affixed his or its seal, and the said Surety has caused its corporate name to be signed hereto and its corporate seal to be affixed hereto by its duly authorized official, agent or attorney-in-fact, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Seal of Principal

PROMOTER / PRINCIPAL

Signature of Principal

Seal of Surety

SURETY (Bonding Company)

Signature of Surety

## ACKNOWLEDGMENTS

### Acknowledgment by Principal (To be used if the Principal is an Individual or Partnership)

STATE OF \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

I, \_\_\_\_\_, a Notary Public in and for the county and state aforesaid, do hereby certify that \_\_\_\_\_, whose name is signed to the foregoing writing, has this day acknowledged the same before me in my said county.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Seal

\_\_\_\_\_  
Notary Public

My Commission expires on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

### Acknowledgment by Principal (To be used if the Principal is a Corporation)

STATE OF \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

I, \_\_\_\_\_ a Notary Public in and for the county and state aforesaid, do hereby certify that \_\_\_\_\_ who, as \_\_\_\_\_ (title or position), signed the foregoing writing for \_\_\_\_\_ a corporation, has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Seal

\_\_\_\_\_  
Notary Public

My Commission expires on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

### Acknowledgment by Surety

STATE OF \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

I, \_\_\_\_\_, a Notary Public in and for the county and state aforesaid, do hereby certify that \_\_\_\_\_ who, as \_\_\_\_\_, signed the foregoing writing for \_\_\_\_\_ a corporation, has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary seal

\_\_\_\_\_  
Notary Public

My Commission expires on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Approved as to Sufficiency in Form and Manner of Execution:

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ By \_\_\_\_\_  
Deputy Attorney General

## 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>
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**