

BPR-0009-465  
2010 January

**FLORIDA STATE BOXING COMMISSION**  
1940 N. Monroe Street  
Tallahassee, FL 32399  
(850) 488-8500 FAX (850) 922-2249  
[www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)

**SURETY BOND  
FOR PROMOTER**

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

BOND NUMBER: \_\_\_\_\_  
AMOUNT OF BOND: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

1. That (name of promoter) \_\_\_\_\_, hereinafter referred to as PRINCIPAL, and (name of surety company) \_\_\_\_\_, hereinafter referred to as SURETY, are held and firmly bound to the FLORIDA STATE BOXING COMMISSION, FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION, hereinafter referred to as COMMISSION, in the sum of (amount of bond) \_\_\_\_\_ for the payment thereof to be made to COMMISSION, and PRINCIPAL and SURETY bind themselves, their successors and assigns, heirs, executors and administrators, jointly and severally, firmly by these presents for a period of not less than that required in paragraph 5 below and which period commences this (day) \_\_\_\_\_ of (month) \_\_\_\_\_, 20\_\_\_\_.
2. The aggregate annual liability of SURETY shall be for the face amount of this bond.
3. The condition of the foregoing obligations are such that, whereas the PRINCIPAL is engaged in business as a Promoter or Foreign Co-Promoter as defined by Chapter 548, Florida Statutes, whereby certain fees and taxes are required to be paid to the COMMISSION from time to time, whereby faithful compliance with Chapter 548, Florida Statutes, and the rules of the COMMISSION is required and whereby the fulfillment of contractual obligations with others is required.
4. Now, if the PRINCIPAL, as provided by law and rule, shall account for and pay over promptly to the COMMISSION all the moneys due or which shall become due for said taxes and fees and shall otherwise comply with the provisions of Chapter 548, Florida Statutes, and the rules of the COMMISSION, and shall fulfill contractual obligations to others, then this obligation shall be void; otherwise it shall remain in full force and effect.
5. IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL PARTIES HERETO, that this bond shall be cancelled upon giving 60 days written notice to the COMMISSION, and provided that at least 90 days have elapsed since the date of the most recent match for which the PRINCIPAL acted as Promoter or Foreign Co-Promoter, the said SURETY remaining liable for all or any act or acts covered by this bond, which have been committed by the PRINCIPAL up to the effective date of cancellation, under the terms, conditions and provisions of this bond.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF US AS WITNESSES:

\_\_\_\_\_  
Signature of PRINCIPAL

\_\_\_\_\_  
Address and Telephone Number of PRINCIPAL

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of SURETY

\_\_\_\_\_  
Address and Telephone Number of SURETY

# 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>		<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>

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**

**Toll Free: (866) 420-2613**

**Local (480) 626-8916**

**E-Mail [info@integritybonds.com](mailto:info@integritybonds.com)**

**Fax: (602) 674-8235**