

<p>IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. This form has been approved by the Forms Management Center.</p>	<p>DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION</p> <p>BOXING SURETY BOND</p>	<p>SUPPORTING DOCUMENT</p> <p>SB-B</p>
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<p>FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER</p>	<p>Boxing Promoter - \$5,000</p>	<p>SURETY BOND NUMBER</p>	<p>TYPE OF TRANSACTION</p> <p><input type="checkbox"/> New Application</p> <p><input type="checkbox"/> Renewal</p>
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KNOW ALL PERSONS BY THESE PRESENTS, that _____ (Boxing Promoter)

_____ of _____ County, Illinois, (Office Address)

as principal, and _____ Name of Ins. Co. (must be authorized to transact fidelity and surety business in the State of Illinois)

_____ (Address)

as surety, are held and firmly bound unto the State of Illinois and to the People of the State of Illinois, in accordance with the provisions of Public Act PA 91-0408, effective January 1, 2000, in the aggregate amount of Five Thousand Dollars (\$5,000.00), (regardless of the number of years the bond is in force or the number of claims against the bond the total amount of the bond shall be for \$5,000.00), for the payment whereof will and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

The condition of the foregoing obligation is such, however, that:

Whereas, the said Principal is licensed with the Department of Financial and Professional Regulation to engage in the business of boxing promoting in the State of Illinois, now if the said Principal shall faithfully observe all ordinances and laws of the State of Illinois and of any municipal corporation and country of this State, within which the Principal shall engage in any work, pertaining to said business or businesses, whether now or hereafter enacted, together with all rules, regulations and building codes established under the authority of said laws or ordinances; and pay damages as any person, firm or corporation may sustain by reason of violation of said laws, ordinances, rules, regulations or building codes by said Principal, its servants or agents, or by reason of their negligence of said Principal, its servants or agents, in the prosecution of said business or businesses, then this bond to be void, otherwise to remain in full force and effect.

Except as to liability accruing prior to the effective date of cancellation, the surety's liability of this bond shall be terminated thirty (30) days after receipt in writing by the Department of Financial and Professional Regulation, 320 West Washington Street, Springfield, Illinois 62786.

IN WITNESS WHEREOF, the said Principal and the said Surety have hereunto set their hands and seals at _____ Illinois, on this _____ day of _____, _____.

<p>_____ Surety's Agent</p>	<p>_____ Corporation Seal</p>
<p>_____ Street Address</p>	
<p>_____ City, State, ZIP Code</p>	<p>_____ Principal</p>
<p>_____ Telephone Number</p>	<p>_____ Attorney-in-Fact</p>

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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