

Arkansas State Athletic Commission

Arkansas Department of Labor and Lessening 900 West Capitol STE 400 Little Rock, AR 72201 PHONE(501)690-1295 FAX(501)682-9239

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Combative Sports Surety Bond

- This Bond is for use by Promoters licensed by the Arkansas State Athletic Commission and their Sureties.
- Promoter & Surety must read and comply with applicable Commission Rules when submitting this Bond.

IT IS HEREBY ACKNOWLEDGED AND COVENANTED:

We,	, as Principal and	, as Surety,
		Athletic Commission ("Commission") in the
total amount of	' D. C	(\$),the payment of which we
hereby bind ourselves and our respective	ve heirs, successors and assigns. This Board and shall be effective for a period of one	ond has an Effective Date beginning on the
days following delivery of said demar Principal, pay over to the Commission	nd or claim and submission by Commiss the amount so claimed by Commission shall only be relieved from obligation t	Bond, Surety shall, within thirty (30) calendar sion of an affidavit of obligations owed by without the necessity of demand or further to the Commission for only such portion of
Provided however, the Surety shall be relieved of liability and no claim against the Surety shall be valid if the Principal shall have actually paid, when due, all obligations owed to Commission including, without limitation, gross receipts taxes, fines/civil penalties, amounts owed to Officials, Contestants or others with whom Principal has contracted and all or each of which arise out of an Event or other matter under the jurisdiction of the Commission during the Effective Period. This is an "Occurrence Bond;" accordingly, notwithstanding the expiration of this Bond, all demands or claims made for a period of up to one (1) year following the occurrence of the event or action giving rise to the claim shall be paid by Surety provided the event or action giving rise to the claim occurred during the Effective Period. This Bond is irrevocable.		
Promoter/Principal:(Signature of Promote	r's Authorized Representative)	Date:
Surety:		
Surety: (Signature of Surety's Authorized Representation)	ative) Signatory's Printed Name	Title
Surety's Address for Claims & Service of l		
Surety's Contact Person:	Surety's Telephone:	Surety's Fax:
State of County of	CKNOWLEDGMENT OF SURETY REPRESENT	<u> FATIVE</u>
		ng within and for the aforesaid County and State, on the
		ally well known or whose identity has been sufficiently
Surety to the foregoing document and acknowleds	sworn did swear or affirm him/herself to have the aged freely and voluntarily signed the foregoing docur isday of	requisite authority to make the statements and bind the ment for the purposes therein contained.
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NOTARY PUBLIC	PRINTED NAME	y Commission Expires:(SEAL)
NOTARI I UDLIC	I KIN LED IVANIE	(SEAL)