

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.

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
**BOXING OR
FULL CONTACT MARTIAL ARTS (FCMA)
PERFORMANCE BOND**

SUPPORTING DOCUMENT

PB-BOX

FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER

Boxing or FCMA Promoter

PERFORMANCE BOND NO.

TYPE OF TRANSACTION

NEW APPLICATION

RENEWAL

KNOW ALL PERSONS BY THESE PRESENTS, that _____
(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 performance, 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 102-20, effective January 1, 2022, in the aggregate amount of Ten Thousand Dollars (\$10,000.00), (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 \$10,000.00), 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 or FCMA 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, 555 West Monroe, Suite 800S, Chicago, Illinois, 60661.

IN WITNESS WHEREOF, the said Principal and the said Surety have hereunto set their hands and seals at

_____, Illinois, on this _____ day of _____, _____.

Surety's Agent

Corporation
Seal

Street Address

City, State, ZIP Code

Principal

Telephone Number

Attorney-in-Fact