



\$50,000 & \$100,000 Notary Errors & Omissions Application with Travelers Bond Express

Throughout this application the terms "you" and "your" mean the licensed Notary Public who is applying for this insurance.

Name: _____ SSN _____

Address: _____

City: _____ State: _____ Zip Code: _____

Notary E&O Limit: _____

Please complete the following questions:

1. Please provide a brief description of the types(s) of documents you notarize:

2. Has a claim ever been filed against your Notary Bond or Notary E&O Policy?
If "Yes", please explain: _____ Yes No

3. Are you currently in violation of any rules/regulations of the Notary Board in your State?
If "Yes", please explain: _____ Yes No

4. Have you completed the necessary requirements (courses) to obtain you Notary License?
If "No", please explain: _____ Yes No

5. Are you currently in compliance with ALL your state's Notary license requirements?
If "No", please explain: _____ Yes No

6. Do you only notarize documents and/or signatures in languages you speak and read?
If "No", please explain: _____ Yes No

7. Do you use a notary journal for all transactions, and is it stored in a secured drawer or box? Yes No

8. Do you only witness signatures of individuals who appear before you personally? Yes No

9. Are you seeking this policy for notarization you intend to perform on behalf of:
Employer: Name: _____
Address: _____
Your Business: Name: _____
Address: _____
Self: Name of General Liability Insurance Carrier / Policy No: _____

CALIFORNIA: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

YOUR SIGNATURE AND AUTHORIZATION

The undersigned declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements set forth in the attached application for insurance are true and complete and may be relied upon by the company. If the information in any application changes prior to the inception date of the policy, the applicant will notify the company of such changes, and the company may modify or withdraw any outstanding quotation. The company is authorized to make inquiry in connection with this application.

This signing of this application does not bind the company to offer, nor the applicant to purchase the insurance. It is agreed that this application, including any material submitted therewith, shall be the basis of the insurance and shall be considered physically attached to and part of the policy, if issued. The company will have relied upon this application, including any material submitted therewith, in issuing the policy.

Electronically reproduced signatures will be treated as original.

Applicant signature: _____ Date: _____