



# APPLICATION FOR NOTARY PUBLIC ERRORS & OMISSIONS INSURANCE

## INDIVIDUAL POLICY

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Commission \_\_\_\_\_ Amount of Coverage \$ \_\_\_\_\_

## GROUP OR EMPLOYER'S COMPREHENSIVE POLICY

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of Notaries (all are covered) \_\_\_\_\_ Amount of Coverage \$ \_\_\_\_\_

Check here if this has been previously faxed to us.

Your CNA Surety Agent is:			
_____			
Address _____			
			Street
_____			
City	State	Zip	
Agent's Code _____ - _____			

***Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.***