



### APPLICATION FOR NOTARY PUBLIC ERRORS & OMISSIONS INSURANCE

#### ATTENTION

Please carefully read and understand any policy of insurance that is obtained through this application. Our Notary Errors and Omissions (E&O) products offer excellent protection for Notaries, however, the provisions of the policy extend exclusively to honest errors or omissions related to official notarial acts. This policy is **not** intended to cover any acts un-related to actual notarial acts, such as, but not limited to errors made handling signing documents or other non-notary responsibilities of a signing agent in relation to real property transactions for mortgage lenders, title or escrow companies. Please do not represent this Notary E&O product to be the same as a Signing Agent E&O policy.

#### INDIVIDUAL POLICY

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

#### If applying for \$50,000 or \$100,000 coverage, please answer the following:

- Will you conduct document signings in real property transactions for Mortgage Lenders, Title or Escrow companies (Sometimes referred to as Signing Agent.)? \_\_\_\_\_  
If yes, do you have other insurance to cover "signing agent" transactions? No \_\_\_\_\_ Yes \_\_\_\_\_ Name of Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_ Policy dates: \_\_\_\_\_
- Are you specifically trained and/or certified to handle signing documents for Mortgage Lenders, title or escrow companies? \_\_\_\_\_  
Date Training Completed: \_\_\_\_\_ Course Name: \_\_\_\_\_  
Date Certified: \_\_\_\_\_ By Whom: \_\_\_\_\_
- The applicant hereby warrants that, to the best of his/her knowledge, no facts currently exist which could reasonably give rise to a claim against this policy.  
 Yes, applicant so warrants.  
 No. If no, provide complete details to Company.
- Agent's use only: Obtained and reviewed the above information with the applicant. Date: \_\_\_\_\_

#### 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.*