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 unrelated to actual notarial acts, such as, but not limited to errors made in 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:

1. Will you conduct document signings in real property transactions for Mortgage Lenders, Title or Escrow companies (Sometimes referred to as Signing Agent)? Yes ☐ No ☐
   If yes, do you have other insurance to cover “signing agent” transactions? No ☐ Yes ☐ Name of Carrier __________________________ Policy No. __________ Policy dates: __________

2. 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: __________________________

3. 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 ☐ No ☐. If no, provide complete details to Company.

4. 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:

CNA Surety Agent: [Name]
Address: [Address]
City: [City]
State: [State]
Zip: [Zip]

Any person who, with intent to defraud or know 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.

CNA Surety
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