



# 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:

CBS Agency, Inc.  
Address 175 S. Third St. Suite 1100  
Columbus OH 43215  
City State Zip  
Agent's Code 34-19357

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.



P.O. Box 5077 Sioux Falls, South Dakota 57117-5077  
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www.cnasurety.com

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