



SIGNING AGENTS ERRORS AND OMISSIONS APPLICATION

Name _____
 Address _____
 Telephone No. _____ Email Address: _____

Please note that this is a claims-made policy

Amount of Coverage: \$75,000 Per Claim/\$150,000 Aggregate
 \$125,000 Per Claim/\$250,000 Aggregate

Deductible: \$500 \$1,000

State(s) and Expiration Date(s) of Current Notary Commission(s) _____
 Number of Years Experience as a Signing Agent _____ Number of Signings Completed _____
 Have you taken training and/or been certified to handle signing documents for mortgage lenders, title or escrow companies? Yes No
 Date Training Completed _____ Course Name _____
 Certification Date _____ By whom _____
 If you carry Notary Errors and Omissions Insurance, what is the limit? \$ _____
 Any claims filed against any Notary or Signing Agents Errors and Omissions Insurance or have you been sued for activity in regards to a loan signing? Yes No If yes, please explain. _____
 Criminal background check done? Yes No If yes, when? _____
 Notary or Signing Agents organization memberships or affiliations: _____
 Do you keep a journal of Notarial acts? Yes No
 Do you handle closing funds at signings? Yes No

Notice to Applicant — Please read carefully

Warranty: The applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurer accepts this application by issuance of a policy.

Applicant Signature _____

Date _____

Your CNA Surety Agent is:	
CBS Agency, Inc.	
Address 175 S. Third St., Suite 1100	
Columbus	OH 43215
City	State Zip
Agent's Code 3 4 - 1 9 3 5 7	

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.



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