TROY FAIN INSURANCE • APPLICATION FOR FLORIDA NOTARY PUBLIC GROUP ERRORS AND OMISSIONS INSURANCE

Business Name: _____

Mailing Address: _____

Contact Person:_____ Phone Number: _____

Branch Locations: _____

Please list all branch locations to be covered by this policy. Use separate sheet or paper for additional space.

Amount of Coverage (Check only one)	Annual Premium Per Notary		Number of Notaries		Total Amount Due
❑ $10,000 Policy	$10.13*	x	_____	=	_____
❑ $15,000 Policy	$12.67*	x	_____	=	_____
❑ $25,000 Policy	$15.20*	x	_____	=	_____
❑ $50,000 Policy	$30.39*	x	_____	=	_____
❑ $100,000 Policy	$60.78*	x	_____	=	_____

AMOUNT ENCLOSED _____

X_____ _____

Signature Date

Payment by: ☐ DISCOVER ☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS ☐ Check ☐ Money Order

Credit Card Information:

Number: | | | | | | | | | | | | | | | | |

Expiration Date: | | | | Security Code: | | | |

Make Check/Money Order Payable to:
TROY FAIN INSURANCE, INC.

Return form to:

Fax: 850.224.5253

Email: troyfain@troyfain.com

Mail: P.O. Box 5077
Tallahassee, FL 32314

TROY FAIN Insurance INC.

P.O. Box 5077
Tallahassee, FL 32314
Toll-Free: 800.385.7019 Fax: 850.224.5253
www.TroyFain.com

*Includes mandatory 1.3% fee for the Florida Hurricane Catastrophe Fund.
Group Notary Errors & Omissions Insurance is underwritten by Western Surety Company.