

## **Application For Florida Notary Public Group Errors & Omissions Insurance**

The Group Notary Public Errors & Omissions Insurance policy protects the employer from liability incurred by the negligent acts of notaries who perform notarizations as part of their employment duties with coverage amounts up to \$100,000.00.

- The policy term is one year.
- Additional notaries employed during the term of the policy will be included at no extra cost.
- Employer's liability coverage is included at no additional premium.
- No deductible.
- Coverage of defense costs, subject to policy provisions.

Don't Go Unprotected Simply complete the application, scan and email, fax or mail with your payment today!						
simply complete the application, scan and ema	aii, fax or maii with your pay	ment today!				
Business Name						
Business Address	City	State	Zip			
Branch Location (Please list all branch locations to be covered by	y this policy.) City	State	Zip			
Branch Location Use separate sheet of paper for additional Ic	ocations. City	State	Zip			
Contact Person	Email Address	Phone	(xxx) xxx-xxxx			

Amount of Coverage (  ) Select One	YEARLY RATE PER NOTARY		Number of Notaries		SUBTOTAL
□ \$10,000 Group Errors & Omissions Policy	\$10.00	Х		=	
☐ \$15,000 Group Errors & Omissions Policy	\$12.50	Х		=	
☐ \$25,000 Group Errors & Omissions Policy	\$15.00	х		=	
☐ \$50,000 Group Errors & Omissions Policy	\$30.00	х		=	
☐ \$100,000 Group Errors & Omissions Policy	\$60.00	Х		=	
Policies are underwritten by Western Surety Company, Jack Diestelhorst, A068326.				otal \$	

Payment Information				
☐ Check/Money Order Payable to: <b>TROY FAIN INSURANCE</b>	Mastercard	DISCOVER	VISA	(SOCIESO
Card No.:	Expiration Date	e:	Security Code:	
Signature of Cardholder:	Email Address:		ed to contact you about processing your	order, notary news, law