



APPLICATION FOR NOTARY PUBLIC ERRORS & OMISSIONS INSURANCE

INDIVIDUAL POLICY

Name _____

Address _____

City _____ State _____ Zip _____

Date of Commission _____ Amount of Coverage \$ _____

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:			
James Stafford Insurance Agency			
Address 1562 NW Access Rd.			
<small>Street</small>			
Mount Vernon, TX 75457			
<small>City</small>	<small>State</small>	<small>Zip</small>	
Agent's Code	4 2	2 2 7 6 9	

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.