

KENTUCKY FARM BUREAU (16-16273)



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:

1. 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: _____
2. 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: _____
3. 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.
4. 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.

Agent Code: 16-16273

Sub-Agent's Name/Code _____

Sub-Agent's Address _____

Sub-Agent's Phone # _____

Sub-Agent's Fax # _____

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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