RLI NOTARY ERRORS & OMISSIONS INSURANCE

It wasn't the notary's fault but it cost him \$11,500 anyway

It was a routine transaction, and there was no way the notary could have known the signatures were forgeries. But they were. And, in the eyes of the court, the notary was at fault. This time the penalty was \$8,000 in damages, \$3,500 in court costs. Unfair? Sure. But for notaries public in a litigious society like ours, it's just part of the terrritory.

Fortunately, we've got the territory covered.

No one can say whether you'll ever be faced with a situation like the one just described. But, as a notary you are vulnerable. And, with major judgments against notaries now reaching tens of thousands of dollars, it's important to have someone in your corner should you find yourself faced with a lawsuit.

RLI requires no deductible...

That's exactly why we're here. We protect notaries ... beginning with the very first dollar in damages. In other words, we require no deductible. We pay every dollar of damages and legal costs right up to the policy limit – and that may mean up to \$30,000. So, should you ever be sued, you can relax – the chances are you'll never face an out-of-pocket expense.

No lengthy exclusions...

Equally reassuring, you'll find our policies are not watered down with lengthy exclusions. In fact, we pride ourselves on offering the most comprehensive coverage in the industry. Our job is to protect you in case of claim ... freeing you to do your job.

NOTARY E & O BENEFITS





- PROTECTS AGAINST ERRORS AND OMISSIONS
- POLICY AT NO ADDITIONAL CHARGE

 ADDITIONAL NOTARIES COVERED

AUTOMATICALLY UNDER BLANKET POLICY

EMPLOYERS COVERED UNDER BLANKET

Various Limits Of Insurance
 Available At Nominal Premiums

We pay defense costs...

Having this kind of protection is more important than ever before. Because lawsuits against notaries are becoming more common every day. Forged, incomplete, or otherwise defective signatures all can cast doubt on the validity or date of a document. And when that happens, someone is to blame. Too often these days, the blame is placed on you the notary. Worse yet, even if the suit is not valid you may not be spared the need to protect yourself from prosecution. And, without coverage you'll have to pay these defense costs yourself.

Make sure this doesn't happen to you. Your agent can get RLI's affordable coverage for you. Call today.

DON'T WAIT! PROTECT YOURSELF WITH NOTARY ERRORS & OMISSIONS INSURANCE FROM RLI, TODAY

CONTACT YOUR LOCAL RLI AGENT FOR MORE INFORMATION!

1ST State Insurance & Notary Service Stoner Insurance Service 2804 NE 8 ST. Ste 202 Homestead, FL 33033 <u>service@stonerins.com</u> 786-243-9886

www.FLNotaryNow.com

STATE OF FLORIDA NOTARY PUBLIC APPLICATION ORDER FORM

www.FloridaNotaryNow.com



Florida Notary Package B

\$82.26

Our Most Popular!

Rectangular Self-inking Stamp, clean and easy storage.

Included in Package Price:

\$39.00- Florida Notary Filing Fee (Includes Notary Certificate)

*\$20.26- 7500.00 Bond of Notary Public

\$16.00- Self-Inking Rectangular Stamp, Window Decal, Notary Journal **\$7.00- S/H**

*1.3% assessment fee levied on premiums for FL Hurricane Catastrophe Fund.



Florida Notary Package C

\$90.26

Professional Round Self-inking Stamp,

Impressive seal-great for any office!

Included in Package Price:

\$39.00- Florida Notary Filing Fee (Includes Notary Certificate)

*\$20.26- 7500.00 Bond of Notary Public

\$24.00- Self-Inking Round Stamp, Window Decal, Notary Journal

\$7.00- S/H

*1.3% assessment fee levied on premiums for FL Hurricane Catastrophe Fund.

Choose your Package	Price	~	Total		
Notary Package B-	\$82.26				
Notary Package C-	\$90.26				
We Recommend Florida Notary Errors & Omission Insurance* *Includes 1.3% assessment fee levied on premiums for FL Hurricane Catastrophe Fund.					
5,000 NOTARY E&O - 4 years	\$14.19*				
10,000 NOTARY E&O - 4 years	\$40.53*				
30,000 NOTARY E&O - 4 years (Higher Limits Available)	\$74.97*				
Add a Second Stamp DISCOUNT!					
Self-Inking Rectangular Stamp	\$12.00				
Self-Inking Round Stamp	\$19.00				
Additional Items					
Hand Held Embosser	\$25.00				
Jurat Stamp (Oath / Affirmation / Acknowledgement)					
Jurat Stamp (Oath / Affirmation / Acknowledgement) Self-inking	\$29.00				
*GOVERNOR'S APPROVAL					
*Non- Refundable Governors Approval Processing Fee Only if you answer Yes to #5 and/or #6 on the Application	\$39.00				
Agency Fee			\$12.00		
YOUR TO	OTAL PUR	RCHASE			

PLEASE NOTE ALL APPLICATIONS RECEIVED AFTER 12/31/2014 WILL BE RETURNED!

Mailing Address

1st State Insurance & Notary PO BOX 901475 Homestead, FL 33090-1475

786.243.9886

ADDITIONAL ITEMS AT PACKAGE PRICE



Handheld Embosser \$25.00 (Includes S/H)



Jurat Stamp Oath/Affirmation Acknowledgement W/Inkpad \$25.00

(Includes S/H)
Jurat Stamp
Oath/Affirmation
Acknowledgement
Self-inking
\$29.00

(Includes S/H)

PAYMENT OPTIONS					
 Check or MO Enclosed: Payable to 1st State Insurance 	○ MC ○ \	VISA o AMEX			
CARD HOLDER NAME:	NOTARY NAME:				
BILLING ADDRESS: CITY:	STATE	: ZIP CODE:			
CC#	EXP Date:	CV:			
AUTHORIZED CARD HOLDER SIGNATURE:		DATE:			

Please retain a copy of this order form as your receipt! Thank you for your order!

Please use this checklist as a guide in order to ensure that your application will not be delayed due to incomplete or missing information. PLEASE DO NOT EMAIL, OR FAX YOUR APPLICATION! The State requires an *original* signature application, not a photocopy or digital copy.

NOTARY PUBLIC APPLICATION

- 1. All requested information <u>must</u> be provided. **PLEASE DO NOT LEAVE ANY BLANKS!** Make sure that if you do not type the information on the application that you have printed all information legibly.
- **2.** Answer all questions and check off the appropriate answers. If you are not a U.S. Citizen, please include a Declaration of Domicile, which can be obtained and completed at your County Courthouse.
- 3. The "AFFIDAVIT OF CHARACTER" is to be completed and signed by someone unrelated to the applicant and who has known the applicant for more than one (1) year. Please be sure to include a contact number!
- 4. Sign the application at the bottom of the application entitled "OATH OF OFFICE" Section. You must sign your name exactly as you wish to notarize at the line marked "X", and then print your name on the adjoining line. Remember, the signature you use in this section will determine the name in which your certificate will be issued and exactly how you will notarize all documents once commissioned.

BOND OF NOTARY PUBLIC

This form requires that you only print your name on the line identified as "(Name of Applicant)", and that you sign your name at the line marked with an "X" and identified as "(Signature of Applicant"), exactly as you signed for your "Oath of Office" on the application. **Do not date the bond form.**

NEW APPLICANTS

Please remember to attach your *Signed* Certificate of Completion of the Online Notary Education Course. The State of Florida requires the completion date cannot be more than 12 months old- if it has been over 12 months, you must retake the Notary Education Course.

ALL APPLICANTS CHECKLIST

COMPLETED NOTARY PUBLIC APPLICATION
Your social security number is required by Subsection 117.01(2), Florida Statutes. It May
be used to facilitate a criminal background check.
BOND OF NOTARY PUBLIC SIGNED (Not Dated)
CERTIFICATE OF NOTARY EDUCATION COMPLETION (NEW APPLICANTS)
DECLARATION OF DOMICILE (NON-CITIZENS)
STREET DELIVERY ADDRESS REQUIRED FOR EXPRESS SERVICE
Please provide an email address (In the event we need additional information)
@

Please review your application prior to submitting. Missing information will delay your appointment. Thank you for your business!



NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State Notary Commissions (850) 245-6975

This application and the information it contains, except social security numbers, are public record and will be available on the Division's website.

	p-1-441-011 411-0 111-0 111-0 111-0 111-0 111-0 111-0 111-0 111-0 111-0 111-0 111-0 111-0 111-0 111-0 111-0 11	s, encept social security han	neers, and public record		a variable on the Bivis	
Full Name:	(Last)	(First)			(Middle)	
Home Address:						
Place of Employm	(Street) ent:	(City)		(State)	(County) Unemployed	(Zip) Retired
Business Address:						
Zusiness riudress.	(Street)	(City)		(State)	(County)) (Zip)
Mail to: Home	Business Other Address:	(Street/PO Box)		(6:)	(0:)	(7)
E-mail Address:	(or write "NONE")	(Street/PO Box)	Sex: □ M □ F	Race:	(State)	(Zip)
	(or write "NONE")	usiness Phone: ()		Extension	
	icense (or other State of Florida Iss				_ Date of Birth: _	// (Month/Day/Year)
3. Are you and submit a If Yes:	u held any professional licenses or out the nature of the action and any supporting docu u been disciplined by a regulatory must submit a written statement about the nature of u been convicted of a felony, had a	ssioned a Notary Public (F.S.) (Commission number) commissions (other than agency, including the Flother action and any supporting document adjudication of guilt withless)	Notary Public) in Flourida Have an I Order from the regulating agen prida Bar, and including entation, such as a copy of the Fisheld, or are you on pride III or a regulation of the II	(Norida duri: ny been recy.) ng discipl nal Order from	No If No, you, must compleate ame in which your commission ing the past 10 years? evoked? Yes No inary action that is confused in the regulating agency.) Yes No (If Yes, you	n was issued) Yes No (If yes, please list. (If Yes, you must submit a written
the nature of	the offense(s), a copy of the court judgment and ser		OF CHARACTER	on of Civil Ri	ghts.)	
STATE OF						COUNTY
I,	(Print or Type Name of Affiant)	am unro	elated to and have kno	own		
for one year or mo	(Print or Type Name of Affiant) re; and to the best of my knowledg	e and observation know	(him)(her) to be of go	od charac	(Name of Applicant)	
My address is	(Street)		<u> </u>			_
	(Street)	(City)	(State)	(County)	(Zip)	
UNDER PENALT ARE TRUE.	Y OF PERJURY, I DECLARE TH	HAT I HAVE READ TH	E FOREGOING AFF	IDAVIT	AND THAT THE F.	ACTS STATED IN IT
Home Phone: ()	X				
\	(or write "NONE")		(Signature o	of Affiant)		-
Work Phone: ()r write "NONE")					
(0)	i white NONE)	OATH	OF OFFICE			
STATE OF FLOR	IDA			COUNT	Y	
that I am duly qual thereto, and know	vear) (affirm) that I will support, pr lified to hold office under the Cons the duties, responsibilities, limitati ublic, State of Florida on which I a	titution of the State of Fl ons, and powers of a nota	orida; that I have read ary public; and that I	l Chapter	117, Florida Statutes	s, and any amendments
	TY OF PERJURY, I DECLARE THE TRUE. I accept the office			LICATIO	ON AND OATH AN	D THAT THE FACTS
X						
(Signature of Applic	eant- This is the name in which your commission and	l notary seal will be issued)	_			
				/	/	
	(Print or Type Name- Must match	signature)	<u> </u>	(Date)		
Social Security Nu	ımber: / /					NPC01 (6/10)
						001 (0/10)

STATE OF FLORIDA BOND OF NOTARY PUBLIC

Secretary of State

Notary Commissions

FOR	OFFICE	USE ONLY

Approved by Department of State:

STATE OF FLORIDA				
KNOW ALL MEN BY THESE PRESENT	S, That we,			
			as Principal, and	
	(Name of Ap	plicant)		
RLI INSURANCE (COMPANY	(309)	692-1000	
(Imprint Name of Surety C	Company)		(Telephone Number)	
as Surety Company, give bond payable to a applicant acting in his/her official capacity Dollars (\$7,500) as assurance for the due di ourselves, and each of our heirs, executors applicant was, on the date of issuance of company to the company of t	as Notary Public scharge of the du and administrato ommission, bond	, in the amount of Seven Thousar tties of his/her office of Notary Pers, jointly and severally. ed as a Notary Public in and for t	nd, Five Hundred ublic and we do bind the State of Florida, to	
hold office for the term of four years in acc	ordance with the	Constitution and Laws of this Sta	ate.	
Now, therefore, if said applicant shall faithf law, then this obligation shall be void.		e duties of the office of Notary Pt	ablic, as prescribed by	
	<u>X</u>			
		(Signature of Appli	cant)	
Signed and sealed this	day of _	20		
		RLI INSURANCE COMF	PANY	
		(Name of Surety Company)		
		9025 N. LINDBERGH DR. PEOI	RIA IL 61615	
William N.C. English		(Address of Surety Company		
SHIP SOO CHILL		1ST STATE INSURAN	ICE	
S ORFONDA SE		(Name of Bonding Agency or Cor		
		PO BOX 901475 HOMESTEAD	·	
SEAL SEAL SEAL	_{Bv} X	(Address of Bonding Agency or Co	mpany)	
THE TELLNOIS MITTHE	<i>Dy</i> 21	(Signature of Florida License	d Agent)	
The state of the s		A255671		
		(Florida Licensed Agent No	ımber)	

Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

CHARLES K STONER
(Printed name of Florida Licensed Agent)

This bond shall be for Seven Thousand, Five Hundred Dollars (\$7,500). After execution by surety company, the bond must be submitted to the Department of State for approval and filing DS/DE $_{76}$ (3/04) before issuance of the notary public commission.