

STATE OF FLORIDA NOTARY PUBLIC APPLICATION ORDER FORM

www.FloridaNotaryNow.com

Florida Notary Package B

\$94.00



Our Most Popular!

Rectangular Self-inking Stamp, clean and easy storage. (Does not include E&O)

Included in Package Price:

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

\$20.00- 7500.00 Bond of Notary Public

\$16.00- Self-Inking Rectangular Stamp, Window Decal, Notary Journal

\$7.00- S/H

\$12.00- Agency Fee (Does not include E&O)

Florida Notary Package C

\$102.00



Professional Round Self-inking Stamp,

Impressive seal-great for any office!

(Does not include E&O)

Included in Package Price:

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

\$20.00- 7500.00 Bond of Notary Public

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

\$7.00- S/H

\$12.00- Agency Fee (Does not include E&O)

Mailing Address:

**Please note:
NEW ADDRESS!**

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

**service@
stonerins.com
786.243.9886**

Choose your Package	Price	✓	Total
Notary Package B-	\$94.00*		
Notary Package C-	\$102.00*		
We Recommend Florida Notary Errors & Omission Insurance!			
5,000 NOTARY E&O - 4 years	\$14.00		
10,000 NOTARY E&O - 4 years	\$40.00		
30,000 NOTARY E&O - 4 years (Higher Limits Available)	\$74.00		
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) Self-inking	\$29.00		
Jurat Stamp (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 included			
ADD YOUR TOTAL PURCHASE HERE			\$

ADDITIONAL ITEMS AT PACKAGE PRICE



Handheld Embosser \$25.00
(Includes S/H)



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

**DID YOU REMEMBER YOUR E&O?
THANK YOU FOR YOUR ORDER!**

PAYMENT OPTIONS

<input type="radio"/> Check or MO Enclosed: Payable to 1st State Insurance	<input type="radio"/> MC	<input type="radio"/> VISA	<input type="radio"/> AMEX
CARD HOLDER NAME:	NOTARY NAME:		
BILLING ADDRESS:	CITY:	STATE:	ZIP CODE:
CC#	EXP Date:		
AUTHORIZED CARD HOLDER SIGNATURE: X	DATE:		

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 territory.

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

- **NO DEDUCTIBLE**
- **COVERS DEFENSE COSTS**
- **PROTECTS AGAINST ERRORS AND OMISSIONS**
- **EMPLOYERS COVERED UNDER BLANKET POLICY AT NO ADDITIONAL CHARGE**
- **ADDITIONAL NOTARIES COVERED AUTOMATICALLY UNDER BLANKET POLICY**
- **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
PO Box 901475
Homestead, FL 33090
786.243.9886

FloridaNotaryNow.com

IMPORTANT

PLEASE READ BEFORE MAILING YOUR NOTARY APPLICATION PACKAGE!

Please use this checklist as a guide in order to ensure that your application will not be RETURNED due to incomplete or missing information.

NEW AND RENEWAL APPLICANTS

Section 1.

All requested information **must** be provided. **PLEASE DO NOT LEAVE ANY BLANKS!**

*** Please note we are not responsible for items that are lost in the mail for INCORRECT or INCOMPLETE ADDRESSES.**

Section 2. Please answer all questions.

(Question 2) If you are NOT a U.S. Citizen, please include a **Declaration of Domicile**, which can be obtained and completed at your County Courthouse.

(Question 5 & 6) If you answered "Yes" Please contact us for further instructions.

Section 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!**

Section 4.

Oath of Office- You may **NOT** use an initial in lieu of your first name- **J. Doe, J.M. Doe.** You may **NOT** have a prefix or designation- **Dr., Mr., Mrs., Rev., etc.**

NEW APPLICANTS ONLY

Please remember to attach your **Signed** Certificate of Completion for the Online Notary Education Course.

ALL APPLICANTS CHECKLIST

- COMPLETED NOTARY PUBLIC APPLICATION
- BOND OF NOTARY PUBLIC- Print Name & Sign (Do Not Date)
- CERTIFICATE OF NOTARY EDUCATION COMPLETION (NEW APPLICANTS)
- DECLARATION OF DOMICILE (NON-U.S. CITIZENS)
- PHYSICAL ADDRESS REQUIRED- No PO Box for HOME ADDRESS
- Please provide an email address (In the event we need additional information)

Email: _____@_____

PLEASE DO NOT EMAIL, OR FAX YOUR APPLICATION!

The State of Florida requires an **original** signature application, not a photocopy or digital copy.

We are here to assist you with the Notary application process, please do not hesitate to contact us should need further assistance!

Thank you for your order!

**1st State Insurance & Notary
FloridaNotaryNow.com**



NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State

Notary Commissions and Certifications Section (850) 245-6975

1ST STATE INSURANCE & NOTARY
PO BOX 901475
HOMESTEAD, FL 33090-1475
FLORIDANOTARYNOW.COM
786.243.9886

1.

PERSONAL INFORMATION

Full Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (County) (Zip)

Place of Employment: _____ Unemployed Retired

Business Address: _____
(Street) (City) (State) (County) (Zip)

Mail to: Home Business Other Address: _____
(Street/P.O. Box) (City) (State) (Zip)

E-mail Address: _____
(or write "NONE")

Home Phone: _____
(or write "NONE")

Business Phone: _____ Extension: _____
(or write "NONE")

Florida Driver License (or other State of Florida Issued ID): _____ Date of Birth: ____/____/____
(Month/Day/Year)

Social Security Number: ____ - ____ - ____

The disclosure of a Florida notary public applicant's social security number is expressly required by Fla. Stat. §117.01(2) and is imperative for processing notary public commission applications. Please be advised that social security numbers are only used for processing the notary public commission application and are exempt from disclosure pursuant to Fla. Stat. §119.071(5)(a)5.

2.

- Are you a legal resident of Florida? Yes No (If No, you are not eligible to apply for a Florida notary public commission. Legal residency must be maintained throughout the appointment.)
- Are you a United States citizen? Yes No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your county courthouse.)
- Are you now or have you ever been commissioned a Notary Public in the State of Florida? Yes No (If No, you, must complete a 3 hour Notary education course and submit a signed certificate of completion. Fla. Stat. §668.50 (11)(b).)
If Yes: ____/____/____ (Commission expiration date) ____ (Commission number) _____ (Name for which your commission was issued)
- Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years? Yes No
If Yes, please list: _____
Have any been revoked? Yes No (If Yes, you must submit a written statement about the nature of the action and a copy of the final order from the regulating agency.)
- Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential? Yes No (If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the final order from the regulating agency.)
- Have you been convicted of a felony or have you had an adjudication of guilt withheld for a felony offense? Yes No (If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgment and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights.)
- Are you currently on probation? Yes No

3.

AFFIDAVIT OF CHARACTER

STATE OF _____ COUNTY

I, _____ am unrelated to and have known _____
(Print or Type Name of Affiant) (Name of Applicant)
for one year or more; and to the best of my knowledge and observation know him or her to be of good character.

My address is _____
(Street) (City) (State) (County) (Zip)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: (____) _____ Work Phone: (____) _____ X _____
(or write "NONE") (or write "NONE") (Signature of Affiant)

4.

OATH OF OFFICE

STATE OF FLORIDA

_____ COUNTY

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the state; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will well and faithfully perform the duties of Notary Public, State of Florida, on which I am now about to enter. So help me God.*

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH, AND THAT THE FACTS STATED THEREIN ARE TRUE. I accept the Office of Notary Public, State of Florida.



(Official Signature of Applicant)

_____/_____/_____

(Date)

*Note: If you affirm, you may omit the words "So help me God." Fla. Stat. §92.52.

(Print or Type Name – Name for which your commission will be issued)

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO SOCIAL SECURITY NUMBERS, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE CHECK THE FOLLOWING BOX:

- Yes, I assert that identifying information provided in this application (other than my social security number, which I am aware is automatically exempt from public disclosure, pursuant to Fla. Stat. §119.071(5)(a)5) should be excluded from inspection under Public Records Law.

If Yes, please indicate what section of Florida Statutes provides this exemption in your particular situation:

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL:

**Office of the Attorney General
The Capitol, PL-01
Tallahassee, FL 32399
(850) 245-0158**

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**STATE OF FLORIDA
BOND OF NOTARY PUBLIC**

Glenda E. Hood

Secretary of State

Notary Commissions

FOR OFFICE USE ONLY
Approved by Department of State:

STATE OF FLORIDA

MIAMI DADE COUNTY

KNOW ALL MEN BY THESE PRESENTS, That we,

_____ as Principal, and
(Name of Applicant)

RLI INSURANCE COMPANY

(309)692-1000

(Imprint Name of Surety Company)

(Telephone Number)

as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as Notary Public, in the amount of Seven Thousand, Five Hundred Dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

X

(Signature of Applicant)



Signed and sealed this _____ day of _____ 20_____

RLI INSURANCE COMPANY

(Name of Surety Company)

9025 N. LINDBERGH DR. PEORIA, IL 61615

(Address of Surety Company)

1ST STATE INSURANCE

(Name of Bonding Agency or Company)

PO BOX 901475 HOMESTEAD, FL 33090

(Address of Bonding Agency or Company)

By _____

(Signature of Licensed Resident Agent)

A255671

(Social Security Number of Licensed Resident Agent)

CHARLES K STONER

(Type name of Licensed Resident Agent)



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."

**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 before issuance of the notary public commission.**
DS/DE 76 (5/03)