#### FLORIDA NOTARY PUBLIC APPLICATION ORDER FORM

Only for: STATE OF FLORIDA DOR; DJJ; CIRCUIT COURT

(Please contact us if your Department is not listed)

#### Florida Notary Package B-DOR

\$87.00



Image not actual size

Rectangular Self-inking Stamp, clean and easy storage.

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 FREE- S/H

**\$12.00-**Agency Fee

**IMPORTANT!** 

**Mailing Address:** 

1ST STATE INSURANCE & NOTARY
PO BOX 901475
Homestead, FL
33090-1475

786.243.9886

FloridaNotaryNow.com service@stonerins.com

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 \* IMPORTANT

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.

#### STATE EMPLOYEE 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)   |
| Your Notary Stamp and Certificate will be shipped to your BUSINESS ADDRESS ONLY  |
| 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!

| your t  | damess: |   |       |  |
|---|---------|---|-------|--|
| Your Package  | Price   | ✓ | Total |  |
| Notary Package B- DOR   | 87.00   |   |       |  |
| Optional E&O 5,000  | 14.00   |   |       | PLEASE CONTACT P-CARD HOLDER FO  |
| YOUR TOTAL PURCH<br>Standard Processing & Shipping time Appro |         |   |       | I THE THE PROPERTY OF THE PROP |

#### **CONTACT INFORMATION FOR PAYMENT**

| P-CARDHOLDER NAME:   | NOTA  | RY NAME:       |    |     |      |
|--|-------|----------------|----|-----|------|
| BILLING ADDRESS:   | C     | CITY:          |    | ST: | ZIP: |
| EMAIL ADDRESS:   |       | CONTACT TEL #: |    |     |      |
| CC#:<br>(We will contact you for payment upon ordering of the Notary S | tamp) | EXP DATE:      |    |     |      |
| AUTHORIZED CARDHOLDER SIGNATURE:                                       |       |                | Da | te: |      |

# 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

- . 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



## NOTARY PUBLIC COMMISSION APPLICATION

## Florida Department of State

Notary Commissions and Certifications Section (850) 245-6975 FLORIDANOT 786.243.9886

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

|  |  | PERSONAL INFORMATION   | Ī  |   |  |
|--|--|--|--|---|--|
| Full Name:   | (I act)  | (First)  |  |   | (Middle)   |
| Home Address:  |  | (11131)  |  |   | (Middle)   |
| Trome radiess.   | (Street)   | (City)   | (State)  | (County)  | (Zip)  |
| Place of Employment:   |  |  |  | ☐ Unemployed  | ☐ Retired  |
| Business Address:  |  |  |  |   |  |
|  | (Street)   | (City)   | (State)  | (County)  | (Zip)  |
| Mail to: ☐ Home ☐ Bu   | usiness  | (Street/P.O. Box)  | (City)   | (State)   | (Zip)  |
|  |  | Sex:   | Race:  | ☐ Asian   | (Zip)  |
| E-mail Address:  |  | ☐ Female   |  | ☐ Black or Africa   |  |
|  | (or write "NONE")  |  |  | ☐ White   | an or Alaska Native  |
| Home Phone:  |  |  |  | ☐ Other:  |  |
|  | (or write "NONE")  |  |  |   |  |
| Business Phone:  | (or write "NONE")  | Extension:   |  |   |  |
| F1   | `  |  |  | Data a CDivida  |  |
|  | or other State of Florida Issued ID):  |  |  | Date of Birth:  | (Month/Day/Year)   |
| Social Security Number:  |  |  |  |   |  |
| <ol> <li>Are you a Unit courthouse.)</li> <li>Are you now o education course</li> <li>If Yes:         <ul> <li>(Commit of the court of th</li></ul></li></ol> | any professional licenses or commist: revoked? □ Yes □ No (If Yes, you revoked? □ Yes □ Yes □ Yes □ No (If Yes, you revoked? □ Yes | a Notary Public in the State of F letion. Fla. Stat. §668.50 (11)(b).)  maintain number) ssions (other than Notary Public) must submit a written statement about including the Florida Bar, and in ature of the action and any supporting and an adjudication of guilt withh | in Florida dur  t the nature of the cluding discipers documentation, and for a felon | ame for which your commission ing the past 10 years are action and a copy of linary action that is, such as a copy of the | ust complete a 3 hour Notary on was issued) ?? □ Yes □ No The final order from the confidential? □ Yes □ N final order from the regulating |
|  |  | AFFIDAVIT OF CHARACT   | ER   |   |  |
| STATE OF   |  |  |  |   | COUNTY   |
| I,   | Print or Type Name of Affiant)   | am unrelated to and ha   | ve known   |   |  |
| for one year or more; and  | Print or Type Name of Affiant)  I to the best of my knowledge and o  | bservation know him or her to be   | e of good chara  | (Name of A  | pplicant)  |
| My address is  | (Street)   | (City)   | (State)  | (County)  | (Zip)  |
|  | PERJURY, I DECLARE THAT I H  |  |  |   |  |
| Home Phone: ()   | (or write "NONE") Work Pl  | none: ()(or write "NONE")  | X_   | (Signature  | of Affiant)  |

**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) If you affirm, you may omit the words \*Note: "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

### 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   |
|--|--|---|--|
| NOW ALL MEN BY THESE PRESENTS  | , That we,   |   |  |
|  |  |   | as Principal, and  |
|  | (Name of Applican  | t)  |  |
| RLI INSURAN  | ICE COMPANY  | $Y \qquad (309)692$   | -1000  |
| (Imprint Name of Surety Co   | лпрапу)  |   | (Telephone Number)   |
| Surety Company, give bond payable to an oplicant acting in his/her official capacity a collars (\$7,500) as assurance for the due distributes, and each of our heirs, executors a applicant was, on the date of issuance of contract of the form of the detection. | s Notary Public, in the charge of the duties and administrators, journal mmission, bonded as | he amount of Seven Thousand of his/her office of Notary Pu intly and severally.  a Notary Public in and for the | d, Five Hundred blic and we do bind e State of Florida, to |
| old office for the term of four years in acco  | rdance with the Con  | stitution and Laws of this Stat   | e.   |
| Now, therefore, if said applicant shall faithfuaw, then this obligation shall be void.   | Illy discharge the dut ${f X}$   | ·   | ·  |
|  | 21   | (Signature of Applic  | ant)   |
| gned and sealed this   | day of   |   | 20   |
|  |  | RLI INSURANCE CO  | MPANY  |
|  | 0025 N   | (Name of Surety Company)  | ODIA II (1(15  |
| HIM ANCE   | 9025 N.  | (Address of Surety Company)   | UKIA, IL 61615   |
| APOR OF  |  | 1ST STATE INSUR   | ANCE   |
|  |  | (Name of Bonding Agency or Compa  |  |
|  | PO BOX   | X 901475 HOMESTEA   | D, FL 33090  |
| ES SUAL /EE  |  | (Address of Bonding Agency or Com   | pany)  |
|  | Ву   |   |  |
| THE STATE OF THE   |  | (Signature of Licensed Reside   | nt Agent)  |
| William Million  |  | A255671   |  |
| · aulilium.  |  | (Social Security Number of Licensed   | Resident Agent)  |
| SEAL SEAL  |  | CHARLES K STON (Type name of Licensed Residence)  |  |

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 (5/03)

before issuance of the notary public commission.

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."