



NOTARY PUBLIC BOND APPLICATION

Please complete and fax to (605) 335-0357,
or e-mail to uwservices@cnaSurety.com

State where applying for commission _____ Effective Date _____

Name (as will appear on commission) _____

Home Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

County of Appointment _____ Bond Amount _____

Are you currently a notary? Yes No In what state? _____

If yes, what is the expiration date of your current commission? _____

MI Notaries: Date of Birth _____

KY Notaries: County or State-At-Large bond needed? _____

Required for a nonresident or County-At-Large bond, otherwise optional:

Name of Employer _____

Address _____

City _____ State _____ Zip Code _____

Employer County _____

If you would like to purchase **Notary Errors and Omissions Insurance** to protect you when performing your duties as a notary, please select an amount.

(Higher limits, up to \$100,000, may be available, depending on the state. Please contact your agent for more information.)

\$10,000 \$25,000 (\$30,000 in California)

Your CNA Surety Agent is:

Address _____

Street

City State Zip

Agent's Code _____

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.



P.O. Box 5077 Sioux Falls, South Dakota 57117-5077
1-800-331-6053 FAX 1-605-335-0357
www.cnasurety.com

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