

FARMERS PROGRAM (04-23071)

For Office Use Only _____



APPLICATION FOR NOTARY PUBLIC ERRORS & OMISSIONS INSURANCE

INDIVIDUAL POLICY

Name _____

Address _____

City _____ State _____ Zip _____

Date of Commission _____ Amount of Coverage \$ _____

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.

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.