



NOTARY PUBLIC BOND APPLICATION

Please complete and fax to (605) 335-0357.

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 _____

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

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

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

CNA is a registered service mark, trade name and domain name of CNA Financial Corporation. No part of this material, including the CNA Surety logo, may be reproduced without written permission from CNA Surety Corporation.