



### NOTARY PUBLIC BOND APPLICATION

Please complete and fax to (605) 335-0357,  
or e-mail to [uwservices@cnasurety.com](mailto: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](http://www.cnasurety.com)

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