



Notary Errors & Omissions Questionnaire

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Notary E&O Limit: _____

Please complete the following questions:

1. Please provide a brief description of the type (s) of documents you notarize.

2. Has a claim ever been filed against your Notary Bond or Notary E&O Policy? Yes No

If "Yes," please explain: _____

3. Are you currently in violation of any rules/regulations of the Notary Board in your state? Yes No

If "Yes," please explain: _____

4. Have you completed the necessary requirements (courses) to obtain your Notary license? Yes No

If "No," please explain: _____

5. Are you currently in compliance with ALL your state's Notary license requirements? Yes No

If "No," please explain: _____

6. Do you only notarize documents and/or signatures in languages you speak and read? Yes No

If "No," please explain: _____

7. Do you maintain a notary journal, and is it stored in a secured drawer or box? Yes No

8. Do you only witness signatures of individuals who appear before you personally? Yes No

9. Are you seeking this policy for notarizations you intend to perform as part of:

Employer Name: _____

Address: _____

Your Business Name: _____

Address: _____

Self Name of General Liability Insurance Carrier / Policy No.: _____

Address: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant Signature: _____ Date: _____