



*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: \_\_\_\_\_