



E & O INSURANCE APPLICATION

YES, I WANT TO PROTECT MYSELF WITH NOTARY E&O INSURANCE FOR 4 YEARS. I UNDERSTAND THE COVERAGE IS NOT EFFECTIVE UNTIL THE POLICY IS ISSUED AND WILL EXPIRE UPON THE EXPIRATION OF MY FLORIDA NOTARY COMMISSION.

Please select your coverage limit:

COVERAGE	TERM	PREMIUM*
<input type="checkbox"/> \$5,000	4 YRS	\$14.14
<input type="checkbox"/> \$10,000	4 YRS	\$40.40
<input type="checkbox"/> \$30,000	4 YRS	\$74.74

*Includes 1% FL Hurricane Catastrophe Fund Fee

Notary Name: _____

Commission #: _____

Signature: **X** _____ Date: _____

PAYMENT OPTIONS

- Check Enclosed Payable to 1st State Insurance MC VISA AMEX

CARDHOLDER NAME:		NOTARY NAME:	
CC#:	EXP DATE:	CV CODE:	
BILLING ADDRESS:	CITY:	ST:	ZIP:
SHIPPING ADDRESS:	CITY:	ST:	ZIP:
EMAIL ADDRESS:	CONTACT TEL #:		
AUTHORIZED CARDHOLDER SIGNATURE: X			Date:
Thank you for placing your order with 1st State Insurance!			

Notary Supply Order Form

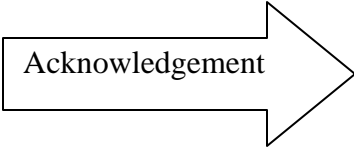
Select your items below	Price	✓	Total
Florida Notary Errors & Omission Insurance*			
<small>*Includes 1% assessment fee levied on premiums for FL Hurricane Catastrophe Fund.</small>			
5,000 E&O- 4 years	14.14*		
10,000 E&O- 4 years	40.40*		
30,000 E&O- 4 years	74.74*		
Additional Items			
Self-inking Rectangular Stamp	\$ 20.00		
Self-inking Round Stamp	\$ 22.00		
Hand Held Embosser	\$ 40.00		
NEW LOWER PRICE!!	\$ 29.00		
Jurat Stamp (Oath/ Affirmation)	\$ 29.00		
Jurat Stamp (Acknowledgement)	\$ 29.00		
Duplicate Notary Certificate	\$15.00		
<small>(Standard S/H Included in price shown)</small>			
Express Service Fee (Within 7 Business Days- Please provide Street Address for Secure Delivery)	\$ 20.00		
YOUR TOTAL PURCHASE			\$
Standard Processing & Shipping time Approximately 3 weeks			

IMPORTANT!
Pay By CC, Fax us the order:
786.243.9888

Mailing Address:
**1ST STATE INSURANCE
PO BOX 901475
HOMESTEAD, FL 33090-1475**

Overnight Street Address:
**PLEASE CALL OUR OFFICE
786.243.9886**

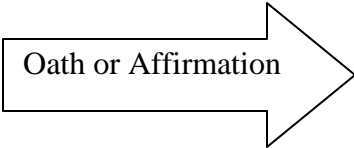
PLEASE NOTE THESE STAMPS REQUIRE AN INK PAD



FOR AN ACKNOWLEDGEMENT IN AN INDIVIDUAL CAPACITY:
STATE OF FLORIDA COUNTY OF _____
The foregoing instrument was acknowledged before me
this _____ day of _____, 20____, by _____

(name of person acknowledging).

Signature of Notary Public
(NOTARY SEAL)
Personally Known _____ OR Produced Identification _____
Type of Identification _____
Produced _____



FOR AN OATH OR AFFIRMATION:
STATE OF FLORIDA COUNTY OF _____
Sworn to (or affirmed) and subscribed before me
this _____ day of _____, 20____, by _____

(name of person acknowledging).

Signature of Notary Public
(NOTARY SEAL)
Personally Known _____ OR Produced Identification _____
Type of Identification _____
Produced _____

STAMP DIMENSIONS: 3.5"X2.5"