



**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	\$14.19
<input type="checkbox"/> \$10,000	4 YRS	\$40.53
<input type="checkbox"/> \$30,000	4 YRS	\$74.97
<input type="checkbox"/> HIGHER LIMITS AVAILABLE		

\*Includes 1.3% FL Hurricane Catastrophe Fund Fee

Notary Name: \_\_\_\_\_

Commission #: \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Supply Order Form**

Select your items below	Price	✓	Total
<b>Florida Notary Errors &amp; Omission Insurance*</b>			
<small>*Includes 1.3% assessment fee levied on premiums for FL Hurricane Catastrophe Fund.</small>			
5,000 E&O- 4 years	14.19*		
10,000 E&O- 4 years	40.53*		
30,000 E&O- 4 years	74.97*		
<b>Additional Items</b>			
Wooden Rubber Stamp (Ink Pad not incl.)	20.00		
Self-inking Rectangular Stamp	20.00		
Self-inking Round Stamp	24.00		
Hand Held Embosser	29.00		
Jurat (Oath/ Affirmation) Incl. Ink Pad	29.00		
Jurat (Acknowledgement) Incl. Ink Pad	29.00		
Self-Inking Jurat (Oath/ Affirmation)	36.00		
Self-Inking Jurat (Acknowledgement)	36.00		
Duplicate Notary Certificate	15.00		
<small>(Standard S/H Included in price shown)</small>			
<b>Express Service Fee</b> (7-10 Business Days- Please provide Street Address for Secure Delivery)	22.00		
<b>YOUR TOTAL PURCHASE</b>			
<small>Standard Processing &amp; Shipping time Approximately 3 weeks</small>			

**PAYMENT OPTIONS**

- Check Enclosed Payable to 1<sup>st</sup> State Insurance       MC       VISA       AMEX

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

**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**