

PO Box 2895  
Renton, WA 98056  
Phone: (425) 271-6353



ATTORNEY &  
NOTARY SUPPLY  
www.ansofwa.com  
ans@ansofwa.net

433 Park Ave N  
Renton, WA 98057  
Fax: (425) 271-6396

Washington State requires a notary to be bonded, but.....

## **NOTARY BONDS ONLY PROTECT THE PUBLIC. INSURANCE PROTECTS THE NOTARY.**

---

### **NOTARY ERRORS & OMISSIONS INSURANCE BENEFITS**

No deductible! Covers defense costs!

Protects against errors and omissions.

Policy is available in either Individual or Group form.

Employers are covered under a group policy at no additional charge.

Additional notaries covered automatically under group policy, during current policy period.

---

### **What is Errors & Omissions Insurance?**

It is an optional form of insurance that protects you in the event a claim is made against your State required Notary bond. The bond itself protects only the public you serve. The bonding company will expect you the notary to reimburse them for any claims paid on the bond.

Errors & Omissions insurance coverage will pay for these claims up to the limit of the policy.

Attorney fees are included (up to half the limit of the policy) in the total amount of coverage. Claims for damages and attorney fees cannot exceed policy limit.

### **I only use my commission at work. Why do I need insurance?**

*YOU* are responsible for payment of any claims made on the bond, not your employer. Even *if* your firm carries a professional liability policy it may not cover notarial acts and your employer may refuse to accept responsibility for your actions. Also, many claims are not filed until sometime after the act has taken place and the company policy may not cover you if you're no longer employed with the company.

### **My company would like to provide coverage for all of us. How would that work?**

Unlike the individual coverage, group policies do not need to name the employees to be covered.

This policy is written based on the number of notaries on staff. It is billed to you on a yearly basis, with premium based on the number of employees acting as notaries at each renewal.

### **How can I make sure I'm protected?**

You can sign up for Errors and Omissions coverage by filling out and returning this form via mail, email or fax with payment based on the coverage you have chosen. Please select and fill out either the Individual or Group Insurance information on the next page. Individual coverage is for the full four year term of your commission and Group coverage is a yearly term.

**INDIVIDUAL COVERAGE:**

**THIS IS A ONE-TIME PREMIUM FOR THE FOUR-YEAR TERM, WRITTEN IN THE NAME OF THE NOTARY.**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COMMISSION EXPIRATION DATE: (SEE NOTARY BOND) \_\_\_\_\_

**COVERAGE AMOUNT TOTAL FOUR YEAR PREMIUM**

- \$10,000.00      \$40.00
- \$15,000.00      \$50.00
- \$25,000.00      \$60.00
- \$30,000.00      \$70.00
- \$50,000.00\*     \$100.00
- \$100,000.00\*    \$200.00

**Credit Card Info**

VISA  MC  Debit  Credit  
Card Holder Name \_\_\_\_\_  
Card Holder Signature \_\_\_\_\_  
Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
Authorization Code \_\_\_\_\_

\*Please see page three for additional information.

**Payment by Check:**

**Make check payable to "A.N.S. of WA., Inc."**

**No refunds or cancellations.**

**GROUP COVERAGE:**

**THIS IS AN ANNUAL POLICY WRITTEN IN THE NAME OF THE COMPANY, COVERING EMPLOYEES FOR NOTARIAL ACTS WHILE EMPLOYEED.**

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
ATTN: \_\_\_\_\_  
OFFICE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**COVERAGE AMOUNT x NUMBER OF EMPLOYEES = YEARLY PREMIUM.  
THIS IS A YEARLY PREMIUM. POLICY IS ONLY IN EFFECT IF PREMIUM IS PAID EACH YEAR.**

- \$10,000.00 \_\_\_\_\_ X \$10.00= \_\_\_\_\_
- \$15,000.00 \_\_\_\_\_ X \$12.50= \_\_\_\_\_
- \$25,000.00 \_\_\_\_\_ X \$15.00= \_\_\_\_\_
- \$30,000.00 \_\_\_\_\_ X \$17.50= \_\_\_\_\_
- \$50,000.00 \_\_\_\_\_ X \$25.00= \_\_\_\_\_
- \$100,000.00 \_\_\_\_\_ X \$50.00= \_\_\_\_\_

**Credit Card Info**

VISA  MC  DEBIT  CREDIT  
Card Holder Name \_\_\_\_\_  
Card Holder Signature \_\_\_\_\_  
Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
Authorization Code \_\_\_\_\_

**Payment by Check:**

**Make check payable to A.N.S. of WA., Inc."**

**No refunds or cancellations.**

# CNA SURETY

## APPLICATION FOR NOTARY PUBLIC ERRORS & OMISSIONS INSURANCE

### ATTENTION

Please carefully read and understand any policy of insurance that is obtained through this application. Our Notary Errors and Omissions (E&O) products offer excellent protection for Notaries, however, the provisions of the policy extend exclusively to honest errors or omissions related to official notarial acts. This policy is **not intended to cover any acts un-related to actual notarial acts**, such as, but not limited to errors made by handling **signing documents or other non-notary responsibilities** of a signing agent in relation to real property transactions for mortgage lenders, title or escrow companies. Please **do not** represent this Notary E&O product to be the same a Signing Agent E&O Policy.

### INDIVIDUAL POLICY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF COMMISSION \_\_\_\_\_ AMOUNT OF COVERAGE \$ \_\_\_\_\_

**If applying for \$50,000.00 or \$100,000.00 coverage, please answer the following:**

1. Will you conduct document signings in real property transactions for Mortgage Lenders, Title or Escrow companies (Sometimes referred to as Signing Agent)

\_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, do you have other insurance to cover "signing agent" transactions? No \_\_\_\_\_

Yes \_\_\_\_\_ Name of Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_ Policy dates: \_\_\_\_\_

2. Are you specifically trained and/or certified to handle signing documents for Mortgage Lenders, Title or Escrow

companies? \_\_\_\_\_ No \_\_\_\_\_ Yes

Examples: Signing Agent Training, Notary Public Seminar, On the Job Training (how many years?)

Date Training completed: \_\_\_\_\_ Course Name: \_\_\_\_\_

Date Certified: \_\_\_\_\_ By Whom: \_\_\_\_\_

3. The applicant hereby warrants that, to the best of his/her knowledge, no facts currently exist which could

reasonably give rise to a claim against this policy.

\_\_\_\_\_ Yes, applicant so warrants.

Check here if this has been previously faxed to us.

Your CNA Surety Agent is:

**A.N.S. OF WA.**

Address: **P.O. BOX 2895  
RENTON, WA 98056**

Agents Code: 46-00169

*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.*