



# Attorney & Notary Supply, Inc.

PO Box 2895  
Renton, WA 98056

www.ans-inc.net  
Email: ans@ans-inc.net

Phone: 425-271-6353  
Fax: 425-271-6396

## Idaho Notary Application/Renewal Procedures

To become a Notary in the State of Idaho please follow the below procedures:

- 1) Go to the Notary section on the Idaho Secretary of State website  
<http://sos.idaho.gov/notaries-apostilles-authentications/>
- 2) Click on the pdf link for the "Notary Handbook". Please print and read this before completing the application.
- 3) Click on the link for "Notary Application" fill out the application, print it and have it notarized.
- 3) Complete the attached Idaho Notary Order form. You may use this form to order your bond or preorder your supplies.
- 4) Fax (425-271-6353) or E-mail (orders@ans-inc.net) the completed Application and Order Form to A.N.S.
  - o A.N.S. will issue your new notary bond directly to you via email.
- 6) YOU are responsible for signing the bond and sending it with a check and your application to the Secretary of State's office within 90 days.

Idaho Secretary of State  
PO Box 83720  
Boise ID 83720-2849

*After 90 days bond will be invalid and reapplication will be necessary.*
- 7) Once the state has issued your commission you may order your notary supplies. Since you preordered supplies with our office simply email or fax us a copy of your certificate and we will ship your products.

## *Idaho Bond Information:*

Printed name as commissioned: \_\_\_\_\_

Personal mailing address: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

If a renewal your current commission expiration date: \_\_\_\_\_

If a renewal your current license number: \_\_\_\_\_

## *Declaration of Applicant:*

- ☐ I understand that information provided will be used for fulfilment of my order. Including writing my state required notary bond as well as issuance of supplies, if ordered.
- ☐ I acknowledge that it is my responsibility to file my issued bond with the Idaho Secretary of State and that issued bonds will not be refunded or cancelled.
- ☐ I understand that the Idaho State required Notary Bond offers me no personal/financial protection. For my protection I have been offered notary training from the state website.
- ☐ I acknowledge that my notary stamp will not be manufactured or released until I provide a copy of my new notary license to Attorney & Notary Supply, Inc.
- ☐ I have not been convicted of a felony or crime involving fraud, dishonesty or deceit.
- ☐ I have not been found in any legal proceeding or disciplinary action to have acted fraudulently, dishonesty or deceitfully.
- ☐ I have not had a notary commission denied, revoked or restricted in any state.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please return this page with your Commission Order Form to our office via:  
E-mail [orders@ans-inc.net](mailto:orders@ans-inc.net), Fax: 425-271-6396 or the U.S. Postal Service.*

# ATTORNEY & NOTARY SUPPLY

## Idaho - Commission Order Form

P.O. Box 2895 Renton, WA 98056 · Phone (425) 271-6353 · Fax (425) 271-6396 · [www.ans-inc.net](http://www.ans-inc.net)  
*THE FOLLOWING INFORMATION IS REQUIRED FOR SHIPPING*

Your Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Office Mailing Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipments are sent via USPS and will not be replaced if postal records reflect shipment as delivered

NON-TAXABLE REQUIRED ITEM	PRICE	QTY	TOTAL
\$10,000 STATE REQUIRED NOTARY SURETY BOND	60.00	1	60.00
Non-Taxable Optional Items			
\$10,000 Notary E&O Insurance (6 years)	78.00		
\$15,000 Notary E&O Insurance (6 years)	97.50		
\$25,000 Notary E&O Insurance (6 years)	117.00		
\$50,000 Notary E&O Insurance (6 years)	234.00		
\$100,000 Notary E&O Insurance (6 years)	468.00		

### Ink Color

☐ Black ☐ Blue ☐ Purple  
☐ Red ☐ Green

### Payment Options

Payment by Check:  
Make Check payable to “A.N.S., Inc.”

OR

#### Credit Card Info

☐ VISA ☐ MC ☐ Discover ☐ Amx

Card Holder Name \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

Card \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVC Code \_\_\_\_\_

**Credit Card Charges Cannot Be Cancelled**

OR

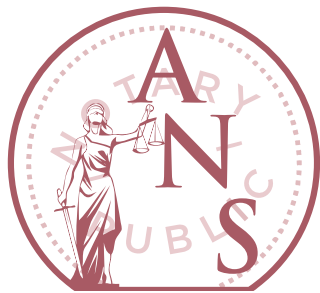
☐ Call For Credit Card

NOTARY SUPPLIES	PRICE	QTY	TOTAL
1. Self-Inking Ideal Stamps			
a. Round	45.75		
b. Rectangular	45.75		
c. Ink	7.00		
2. Pre Inked Slim Stamp, without handle			
a. Round	49.75		
b. Rectangular	49.75		
c. Ink	7.00		
3. Regular Style Stamp (stamp pad needed)			
a. Round	37.75		
b. Rectangular	37.75		
4. Ink Pads			
a. Black Stamp Pad	7.00		
b. Mylar Ink Kit	45.00		
5. ANS Notary Journal			
a. Soft Cover-Spiral Bound-300 Entries	19.75		
b. Hard Cover-360 Entries	29.75		
6. Standard Notary Journal			
Soft Cover-Spiral Bound-300 Entries	19.75		
7. Basic Notary Journal			
Soft Cover-Spiral Bound	29.75		
8. Notary Privacy Guard	11.95		
9. Locking Journal Bag	41.75		
10. Finger Print Pad	8.00		
11. Self Inking Name/Appointment Expires Stamp <i>(Up to 2 lines)</i>	19.75		
12. Self Inking Individual Acknowledgement Stamp	42.75		
13. Self Inking Representative Acknowledgement Stamp	42.75		
14. Self Inking Verificaton on Oath or Affirmation Stamp	42.75		
15. Self Inking Witnessing or Attesting a Signature Stamp	42.75		
16. Self Inking Attestation of a Copy Stamp	42.75		
Order Subtotal			
Shipping & Handling			
TOTAL WITH SHIPPING & HANDLING			

Supply Subtotal	Shipping & Handling
\$0-\$12	\$2.50
\$13-\$17	\$5.00
\$18-\$30	\$6.50
\$31-\$50	\$11.00
\$51-\$100	\$13.50
Over \$100 call for correct charge	

**SEND COMPLETED ORDER FORM WITH YOUR BOND INFORMATION PAGE TO:**

Attorney & Notary Supply, Inc.  
PO Box 2895 Renton, WA 98056    **OR**    [orders@ans-inc.net](mailto:orders@ans-inc.net)



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

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

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### **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.

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### **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 six year term of your commission and Group coverage is a yearly term.

## **[] INDIVIDUAL COVERAGE:**

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

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

### **COVERAGE AMOUNT TOTAL SIX YEAR PREMIUM**

☐ \$10,000.00      \$78.00  
☐ \$15,000.00      \$97.50  
☐ \$25,000.00      \$117.00  
☐ \$50,000.00\*      \$234.00  
☐ \$100,000.00\*      \$468.00

#### **Credit Card Info**

☐ VISA ☐ MC ☐ Discover ☐ Amx

Card Holder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVC Code \_\_\_\_\_

\*Please see page three for additional information.

#### **Payment by Check:**

**Make check payable to "A.N.S., 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 \$13.00= \_\_\_\_\_  
☐ \$15,000.00 \_\_\_\_\_ X \$16.25= \_\_\_\_\_  
☐ \$25,000.00 \_\_\_\_\_ X \$19.50= \_\_\_\_\_  
☐ \$50,000.00 \_\_\_\_\_ X \$39.00= \_\_\_\_\_  
☐ \$100,000.00 \_\_\_\_\_ X \$78.00= \_\_\_\_\_

#### **Credit Card Info**

☐ VISA ☐ MC ☐ Discover ☐ Amx

Card Holder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVC Code \_\_\_\_\_

#### **Payment by Check:**

**Make check payable to A.N.S. ,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 as 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.*

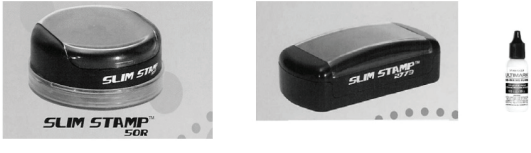
★ RUBBER STAMPS ★

1 SELF-INKING IDEAL STAMPS



A B C

2 PRE-INKED SLIM STAMPS  
W/O HANDLE



A B C

3 REGULAR STYLE RUBBER STAMPS  
(For Use With A Stamp Pad)



A B

Does Not Include Stamp Pad. These stamps may also be used if working with Mylar and the Mylar stamp pad kit.

4 INK PADS



A B

For use on paper documents

For use on mylar documents

★ All inked rubber stamps require re-inking on a regular basis. WARRANTY VOID IF STAMP IS NOT RE-INKED USING APPROPRIATE BRAND OF INK ★  
SIZE OF NOTARY STAMPS COMPLIES WITH WASHINGTON STATE NOTARY LAW

★ EMBOSSING SEALS ★

5 NEW STYLE IDEAL HAND HELD/DESK COMBO  
EMBOSSING SEAL



A Complete Seal  
B Insert Only

Please note, previous models have been discontinued by the manufacturer. Purchasing a complete new seal may be necessary.

6 SEAL IMPRESSION INKER



(For inking embossed impressions)  
Blue or Black

★ NOTARY JOURNALS ★

Our notary journals are fully compliant with state notarial recordkeeping requirements while offering you two different levels of protection. Both of our soft cover journals are spiral bound and hold 300 entries. Hard cover journals are bound as books are and come with a lifetime binding guarantee.

7 ANS JOURNAL OF NOTARIAL ACTS

- A ANS Soft Cover Journal  
B ANS Hard Cover Journal

The A.N.S. Journal offers you an extra layer of protection by providing three different statements for the customer to sign evidencing the type of representation they are making by signing their document. It is designed specifically for the notary who notarizes for a variety of clients & documents and wants proof they did their entire job.

DATA	IDENTIFICATION	INDIVIDUAL ACKNOWLEDGEMENT	REPRESENTATIVE ACKNOWLEDGEMENT	VERIFICATION ON OATH OR AFFIRMATION
Date of Act / Time of Act Type of Notarial Act: <input type="checkbox"/> Individual Acknowledgement <input type="checkbox"/> Acknowledgement Representative Type of Representative Capacity <input type="checkbox"/> Verification on Oath or Affirmation <input type="checkbox"/> Witness Signature <input type="checkbox"/> Certifying a Copy <input type="checkbox"/> Certifying an Act or Event <input type="checkbox"/> Other	Name Printed Address City Signature Type of Identification Identifying Numbers Type of Document	I, _____, affirmed to the Notary Public that I am the person named in the document, and that I have signed it as my free and voluntary act.	I, _____, affirmed to the Notary Public that I am authorized to sign the document as the _____ of _____ to be the free and voluntary act of such party.	I, _____, affirmed to the Notary Public that I am the person named in the document and I swear or affirm that the statements I have made are true.
Additional Information: _____				

8 STANDARD JOURNAL OF NOTARIAL ACTS

STANDARD Soft Cover Journal

The Standard Journal gives you the most basic protection as required by law.

Date	Customer Name & Address	Customer Identification	Type of Notarial Act	Type of Document(s)	Customer Signature
Time			<input type="checkbox"/> Individual Acknowledgement <input type="checkbox"/> Representative Acknowledgement <input type="checkbox"/> Verification on Oath or Affirmation <input type="checkbox"/> Witness Signature <input type="checkbox"/> Certifying a Copy <input type="checkbox"/> Certifying an Act or Event		
Additional Information:					

9 NOTARY PRIVACY GUARD

Prudent notaries keep a journal which contains clients' private information. Use of the Notary Privacy Guard® not only protects the client, but also protects the Notary Public by limiting client's exposure.

