

APPLICATION FOR ARKANSAS NOTARY PUBLIC GROUP ERRORS AND OMISSIONS INSURANCE

Business Name: _____

Mailing Address: _____

Contact Person: _____ Phone Number: _____

Branch Locations: _____

Please list all branch locations to be covered by this policy. Use separate sheet or paper for additional space.

<u>Amount of Coverage</u> <small>(Check only one)</small>	<u>Annual Premium Per Notary</u>	x	<u>Number of Notaries</u>	=	<u>Total Amount Due</u>
<input type="checkbox"/> \$10,000 Policy	\$13.00	x	_____	=	_____
<input type="checkbox"/> \$15,000 Policy	\$17.00	x	_____	=	_____
<input type="checkbox"/> \$25,000 Policy	\$21.00	x	_____	=	_____
<input type="checkbox"/> \$50,000 Policy	\$41.75	x	_____	=	_____
<input type="checkbox"/> \$100,000 Policy	\$83.25	x	_____	=	_____

AMOUNT ENCLOSED _____

X _____
Signature

Date

Payment by:     Check Money Order

Credit Card Information:

Number:

Expiration Date: Security Code:

Make Check/Money Order Payable to: 
NOTARY PUBLIC UNDERWRITERS

Return form to:

Fax: 877.856.1663

Email: info.ar@npuonline.com

Mail: P.O. Box 7457
Tallahassee, FL 32314



P.O. Box 7457
Tallahassee, FL 32314
Toll-Free: 800.821.0823 Fax: 877.856.1663
www.notaryArkansas.com

*Group Notary Errors and Omissions Insurance is underwritten by Western Surety Company.