



### NOTARY PUBLIC BOND APPLICATION

Please complete and fax to (605) 335-0357,  
or e-mail to uwservices@cnasurety.com

State where applying for commission \_\_\_\_\_ Effective Date \_\_\_\_\_

Name (as will appear on commission) \_\_\_\_\_

Home Address \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

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

County of Appointment \_\_\_\_\_ Bond Amount \_\_\_\_\_

Are you currently a notary?  Yes  No In what state? \_\_\_\_\_

If yes, what is the expiration date of your current commission? \_\_\_\_\_

MI Notaries: Date of Birth \_\_\_\_\_

KY Notaries: County or State-At-Large bond needed? \_\_\_\_\_

*Required for a nonresident or County-At-Large bond, otherwise optional:*

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Employer County \_\_\_\_\_

If you would like to purchase **Notary Errors and Omissions Insurance** to protect you when performing your duties as a notary, please select an amount.

(Higher limits, up to \$100,000, may be available, depending on the state. Please contact your agent for more information.)

\$10,000  \$25,000 (\$30,000 in California)

State	Bond Premium	\$10,000 E&O	\$25,000 E&O
AL, AK, AZ, KS, MS, ND, NM, UT	\$50	\$65	\$104
AR	\$50	\$130	\$208
CA	\$38	\$35	\$252 (\$30,000 E&O)
DC	\$50	\$81.25	\$130
FL	\$40	\$40	\$60
HI	\$40	\$56.25	\$208
ID	\$60	\$78	\$117
IN	\$75	\$65	\$104
IL	\$30	\$65	\$104
KY, NE	\$40	\$65	\$104

State	Bond Premium	\$10,000 E&O	\$25,000 E&O
LA	\$110	\$121	\$182
MI	\$55	\$45	\$120
MO, PA	\$50	\$52	\$83.25
MT	\$40	\$52	\$78
NV	\$50	\$62.50	\$93.75
SD	\$50	\$97.50	\$156
OK	\$30	\$65	\$104
TN	\$50	\$52	\$104
TX	\$50	\$34	\$51
WA	\$50	\$40	\$60
WI	\$30	\$65	\$104
WY	\$50	\$75	\$120

Subject to change at any time.

**Your CNA Surety Agent is:**

\_\_\_\_\_

Address \_\_\_\_\_

Street

\_\_\_\_\_

City                      State                      Zip

Agent's Code \_\_\_\_\_

**For your protection California law requires the following to appear on this form: 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.**



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