

APPLICATION FOR CONNECTICUT 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>
\$10,000 Policy	\$16.25	x	_____	=	_____
\$15,000 Policy	\$21.25	x	_____	=	_____
\$25,000 Policy	\$26.00	x	_____	=	_____
\$50,000 Policy	\$52.00	x	_____	=	_____
\$100,000 Policy	\$104.00	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 OF AMERICA

Return form to:

Fax: 877.856.1663

Email: info@npuonline.com

Mail: P.O. Box 7457

Tallahassee, FL 32314



P.O. Box 7457
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