

Reply to: P.O. Box 2895
Renton, WA 98056
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**A
N
S** ATTORNEY & NOTARY SUPPLY
OF WASHINGTON, INC.
101 Park Ave. North
Renton, WA 98057-5720
(425) 271-6353
www.ansofwa.com

Toll Free Nationwide
1-800-572-1689

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.

INDIVIDUAL COVERAGE

What is Errors & Omissions Insurance?

It is an optional form of insurance that protects you in the event a claim is made against the Notary bond that is required by the State for your notary license. The bond itself protects only the public you serve and the bonding company will expect 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 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?

In the event a claim is made on your notary bond, you must remember that the bond is in your name, not that of your employer. YOU are responsible for payment of any claims made on the bond, even if your firm carries a liability policy that covers notarial acts. Also, many claims are not filed until sometime after the act has taken place and your employer may refuse to take responsibility for your actions.

How can I make sure I'm protected?

You can sign up for Errors and Omissions coverage by **filling out and returning this form with your check payable to "A.N.S. of WA, Inc." or complete the credit card information for the amount listed beside the coverage you want.** You will be covered for the full term of your commission.

THIS IS A ONE-TIME PREMIUM FOR THE FOUR-YEAR TERM.

APPLICATION FOR INDIVIDUAL COVERAGE

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

COVERAGE AMOUNT TOTAL FOUR YEAR PREMIUM

- | | |
|---------------------------------------|----------|
| <input type="checkbox"/> \$10,000.00 | \$40.00 |
| <input type="checkbox"/> \$15,000.00 | \$50.00 |
| <input type="checkbox"/> \$25,000.00 | \$60.00 |
| <input type="checkbox"/> \$30,000.00 | \$70.00 |
| <input type="checkbox"/> \$50,000.00 | \$100.00 |
| <input type="checkbox"/> \$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 _____
3 Digit Authorization Code _____
Credit Card Charges Cannot Be Cancelled

No refunds or cancellations.

**Payment By Check: Make check payable to
"A.N.S. of Wa, Inc."**



GROUP COVERAGE

What is Errors & Omissions Group Coverage?

It is an optional form of insurance that protects all employees acting in a Notary capacity. **Unlike the individual coverage, you do not need to name the employees to be covered. This policy is written on the number of employees you wish to cover.** It is billed to you on a yearly basis, with premium based on the number of employees.

What are the Advantages to a Group Policy?

We are a mobile society, and as such, your employees may change from time to time. **If you cover your employees with group coverage, you are insuring *any* employee, *not* a specific named individual.**

The Notary bond required by the State protects only the public, and the bonding company will expect the Notary to reimburse them for any claims paid on the bond. Errors & Omissions Insurance will pay for these claims, with NO deductible, and it will also cover defense costs, up to one-half the limits of the policy.

How do we Sign up for the Coverage?

Make a check mark beside the amount of coverage desired. Specify the number of employees you wish to cover and multiply by the dollar amount. **Return the form and a check made payable to "A.N.S. of WA, Inc." or complete the credit card information for the amount of coverage you have chosen.**

APPLICATION FOR GROUP COVERAGE

COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
ATTN: _____
OFFICE NUMBER: _____ FAX NUMBER: _____
REQUIRED

COVERAGE AMOUNT

- \$10,000.00
- \$15,000.00
- \$25,000.00
- \$30,000.00
- \$50,000.00
- \$100,000.00

NUMBER OF EMPLOYEES X YEARLY PREMIUM

_____ X \$10.00= _____
_____ X \$12.50= _____
_____ X \$15.00= _____
_____ X \$17.50= _____
_____ X \$25.00= _____
_____ X \$50.00= _____

THIS IS A YEARLY PREMIUM. YOU WILL RECEIVE A BILLING YEARLY

Credit Card Info

VISA MC DEBIT CREDIT

Card Holder Name _____
Card Holder Signature _____
Card Number _____
Expiration Date _____ Billing Zip Code _____
3 Digit Authorization Code _____

Credit Card charges Cannot Be Cancelled

**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 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.

Signature of applicant

No. If no provide complete details to Company.

4. Agent's use only: Obtained and reviewed the above information with the applicant.

Date: _____

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.



**INSTRUCTIONS FOR COMPLETING THE CNA SURETY APPLICATION
WHEN APPLYING FOR THE \$50,000.00 OR \$100,000.00 COVERAGE.**

NOTE: IF YOU ANSWER YES TO QUESTION 1, YOU MUST ANSWER QUESTION 2.

QUESTION 2 APPLIES ONLY IF YOU ANSWERED YES TO QUESTION 1

YOU MUST SPECIFY YOUR TRAINING UNDER QUESTION NUMBER 2.

EXAMPLES OF TRAINING:

- 1. IN-HOUSE TRAINING THROUGH YOUR EMPLOYER.**
- 2. INDICATE THE NUMBER OF YEARS YOU HAVE BEEN IN THE MORTGAGE/ESCROW/TITLE FIELD.**
- 3. NOTARY TRAINING SEMINAR THROUGH "A.N.S. OF WA, INC."**

CNA/WESTERN SURETY WILL NOT WRITE THIS POLICY IF YOU HAVE NOT HAD ANY TRAINING.

**PLEASE COMPLETE THE FORM AND RETURN IT WITH THE COMPLETED ERRORS & OMISSIONS INSURANCE FORM
AND THE CHECK PAYABLE TO "ANS" FOR THE AMOUNT OF COVER YOU HAVE CHOSE.**

ONCE THE FORM IS RECEIVED WE WILL THEN WRITE YOUR POLICY.

