

NOTARY PUBLIC BOND APPLICATION

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

State where applying for commi	ssion	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?
MI Notaries: Date of Birth	-	ssion?
Required for a nonresident or	County-At-Large bond,	otherwise optional:
Name of Employer		
Address		
City	State	Zip Code
Employer County		
a notary, please select an amou	int.	sions Insurance to protect you when performing your duties as ing on the state. Please contact your agent for more information.)
\$10,000 \$25,0	000 (\$30,000 in California)	

Your CNA Surety Agent is:										
Cavalry Insurance Services										
Address 3 Waters Park Drive, #229										
	Street									
San Mateo				CA 94403						
City				State Zip				ip		
Agent's Code	0	4	. — .	2	6	_1_	4	8		

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.



P.O. Box 5077 Sioux Falls, South Dakota 57117-5077 1-800-331-6053 FAX 1-605-335-0357 www.cnasurety.com

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