

**SUPPLEMENT MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION
NOTARY PUBLIC
(Claims Made Basis)**

Name of Applicant: _____

1. Are you licensed as a notary public? ___ Yes ___ No.

If Yes, in what state or states is the Applicant licensed and set forth your license number or numbers. _____

2. Set forth an imprint or impression of your notarial stamp or seal.

3. Set forth Applicant's procedure for notarizing a signature and what documents are accepted as proof of identity of the individual whose signature is being notarized.

4. Is the Applicant engaged in, owned by, associated with, affiliated with, or controlled by any other business or entity?
___ Yes ___ No.

It is understood that this supplement that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and is utilized to develop pertinent information unique to notary publics.

Date

Authorized Representative

Title