



APPLICATION FOR NOTARY PUBLIC ERRORS & OMISSIONS INSURANCE

INDIVIDUAL POLICY

Name _____

Address _____

City _____ State _____ Zip _____

Date of Commission _____ Amount of Coverage \$ _____

GROUP OR EMPLOYER'S COMPREHENSIVE POLICY

Employer's Name _____

Address _____

City _____ State _____ Zip _____

Number of Notaries (all are covered) _____ Amount of Coverage \$ _____

Check here if this has been previously faxed to us.

McGrath Insurance Group, Inc. (724) 327-8474	
Address 4170 William Penn Highway	
Murrysville	PA 15668-1890
City	State Zip
Agent's Code 3 7 - 1 9 8 0 1	

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.