



**SUPPLEN
MISCELLANEOUS
PROFESSIONAL LIABILITY
APPLICATION
NOTARY PUBLIC
(Claims First Made & Reported)**

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 below 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

If YES, give details: _____

It is understood 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.

In addition to all other terms and conditions:

Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Date

Authorized Representative

Title