



NOTARY PUBLIC COMMISSION APPLICATION
 Florida Department of State
 Notary Commissions (850) 245-6975

CNA SURETY

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

Bond No. _____

This application and the information it contains, except social security numbers, are public record and may be disclosed to any person upon request.

Full Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (County) (Zip)

Business Address: _____

Business Name: _____ Sex: M F Race: _____

Home Phone: (_____) _____ Business Phone: (_____) _____ Extension _____
(or write "NONE") (or write "NONE")

Florida Driver's License (or other State of Florida Issued ID): _____ Date of Birth: ____/____/____
(Month/Day/Year)

- Are you a legal resident of Florida? Yes No (If No, you are not eligible to apply for a notary commission. Legal residency must be maintained throughout the appointment.)
- Are you a United States citizen? Yes No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your County Courthouse.)
- If you are a first time notary, you must complete a 3 hour education course and submit a signed certificate of completion pursuant to chapter 668.50(11), F.S.
- Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years? Yes No (If yes, please list.)
Have any been revoked? Yes No (If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the Final order from the regulating agency.)
- Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential? Yes No (If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the Final order from the regulating agency.)
- Have you been convicted of a felony, had adjudication of guilt withheld, or are you on probation? Yes No (If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgment and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights.)

AFFIDAVIT OF CHARACTER

STATE OF _____ COUNTY _____

I, _____ am unrelated to and have known _____
(Print or Type Name of Affiant) (Name of Applicant)

for one year or more; and to the best of my knowledge and observation know (him)(her) to be of good character.

My address is _____
(Street) (City) (State) (County) (Zip)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: (_____) _____ X _____
(or write "NONE") (Signature of Affiant)

Work Phone: (_____) _____
(or write "NONE")

OATH OF OFFICE

STATE OF FLORIDA COUNTY _____

I DO solemnly (swear) (affirm) that I will support, protect and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State of Florida; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will honestly, diligently, and faithfully discharge the duties of Notary Public, State of Florida on which I am now about to enter, (so help me God).

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH AND THAT THE FACTS STATES THEREIN ARE TRUE. I accept the office of Notary Public, State of Florida.

X _____
(Signature of Applicant- This is the name in which your commission and notary seal will be issued)

(Print or Type Name- Must match signature)

(Date)

Social Security Number: ____/____/____

Your social security number is required by Subsection 117.01(2), Florida Statutes. It may be used to facilitate a criminal background check.

STATE OF FLORIDA BOND OF NOTARY PUBLIC

Secretary of State
Notary Commissions

FOR OFFICE USE ONLY
Approved by Department of State:

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we,

_____ as Principal, and
(Name of Applicant)

_____ () _____
(Imprint Name of Surety Company) (Telephone Number)

as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as Notary Public, in the amount of Seven Thousand, Five Hundred Dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

just sign here → X

(Signature of Applicant)

Signed and sealed this _____ day of _____ 20____

(Name of Surety Company)

(Address of Surety Company)

(Name of Bonding Agency or Company)

(Address of Bonding Agency or Company)

(Affix Surety Seal)

By X

(Signature of Florida Licensed Agent)

(Florida Licensed Agent Number)

(Printed name of Florida Licensed Agent)

Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

This bond shall be for Seven Thousand, Five Hundred Dollars (\$7,500).
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission.
DS/DE 76 (3/04)

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APPLICATION FOR ERRORS & OMISSIONS LIABILITY INSURANCE

CNA SURETY

NOTARY PUBLIC BOND APPLICATION

Please complete and fax to (605) 335-0357.

State where applying for commission _____	Effective Date _____
Name (as will appear on commission) _____	
Home Address _____	
City _____	State _____ Zip Code _____
Mailing Address _____	
City _____	State _____ Zip Code _____
County of Appointment _____	

Are you currently a notary? <input type="checkbox"/> Yes <input type="checkbox"/> No	In what state? _____
If yes, what is the expiration date of your current commission? _____	
KY Notaries: County or State-At-Large bond needed? _____	
<i>Required for a nonresident or County-At-Large bond, otherwise optional:</i>	
Name of Employer _____	
Address _____	
City _____	State _____ Zip Code _____
Employer County _____	

<p>If you would like to purchase Notary Errors and Omissions Insurance to protect you when performing your duties as a notary, please select an amount.</p> <p style="text-align: center;"><small>(Higher limits, up to \$100,000, may be available, depending on the state. Please contact your agent for more information.)</small></p> <p> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 (\$30,000 in California) </p>
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Your CNA Surety Agent is:			

Address _____			
Street			

City	State	Zip	
Agent's Code _____			

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.



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