APPLICATION FOR TEXAS NOTARY PUBLIC GROUP ERRORS AND OMISSIONS INSURANCE

Business Name:								
Mailing Address:								
Contact Person:	Phone Number:							
Branch Locations:								
Plea	se list all branch location	ons to be	covered by this po	olicy. Use s	eparate shee	et or paper for addi	tional space.	
Amount of Coverage (Check only one)	Annual Premium 3 or less Notaries		Number of Additional Notaries				Total <u>Amount Due</u>	
□ \$10,000 Policy	\$33.25	+	(\$11.00	X)	=		
□ \$15,000 Policy	\$40.75	+	(\$13.50)	x)	=		
□ \$25,000 Policy	\$53.75	+	(\$18.00	x)	=		
□ \$35,000 Policy	\$67.00	+	(\$22.00)	x)	=		
□ \$50,000 Policy	\$107.50	+	(\$22.00)	x)	=		
□ \$100,000 Policy	\$215.00	+	(\$72.00)	x)	=		
X				Am	OUNT EI	NCLOSED		
Signature				Date				
Payment by: DISCOVER	Master Card		VISA	☐ ^{AM}	ERICAN XPRESS	☐ Check	☐ Money Order	
Credit Card Information: Make Check/Money Order Payable to: Notary Public Underwriters Agency of T								
Security Code:						Ret	urn form to:	
Expiration Date:					Fax: 877.856.1663			
						Email: info.tx@npuonline.com		
						Mail: P.O. Box 140106		
Notary Public* Austin, TX 78714								

P.O. Box 140106 Austin, TX 78714 Toll-Free: 800.821.0822 Fax: 877.856.1663

UNDERWRITERS AGENCY OF TEXAS