



For Office Use Only \_\_\_\_\_

1031 Calle Recodo, Suite D, San Clemente, CA 92673  
surety@southcoastsurety.com www.southcoastsurety.com  
(949) 361-1692 Fax (949) 361-9926 DOI Lic# 0B57612

### 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.

Amount	Term	Premium
<input type="checkbox"/> \$ 10,000	4 yr	\$ 35.00
<input type="checkbox"/> \$ 15,000	4 yr	\$ 75.00
<input type="checkbox"/> \$ 30,000	4 yr	\$ 295.00

Agency **SOUTH COAST SURETY** INSURANCE SERVICES, INC.

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Agent's Code 04-21062

**DOI Lic# 0B57 612**

*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.*