

## ORDER FORM

**INDIVIDUAL ERRORS & OMISSIONS INSURANCE**

covers the named notary, with no coverage provided for the notary's employer. The policy is issued to cover the four-year term of the notary appointment.

**NOTARY DETAILS:**

Full Name:		
Email:		
Comm. #:	Exp. Date:	

**SIGNATURE****DATE**

Policy Limits	Year Term	Premiums	Selection
\$10,000	4	\$29	<input type="checkbox"/>
\$25,000	4	\$67	<input type="checkbox"/>
\$30,000	4	\$74	<input type="checkbox"/>

**PAYMENT OPTIONS:****INDIVIDUAL E&O POLICY**

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
<input type="checkbox"/> Purchase Order	<input type="checkbox"/> Credit Card Portal

**TOTAL DUE:**

PLEASE EMAIL YOUR REQUEST TO  
**MAIL@FLNOTARY.COM**

