

APPLICATION FOR MICHIGAN NOTARY PUBLIC GROUP ERRORS AND OMISSIONS INSURANCE

Business Name: _____

Mailing Address: _____

Contact Person: _____ Phone Number: _____

Branch Locations: _____

Please list all branch locations to be covered by this policy. Use separate sheet or paper for additional space.

Amount of Coverage <small>(Check only one)</small>	Annual Premium Per Notary		Number of Notaries		Total Amount Due
<input type="checkbox"/> \$10,000 Policy	\$7.50	x	_____	=	_____
<input type="checkbox"/> \$15,000 Policy	\$16.25	x	_____	=	_____
<input type="checkbox"/> \$25,000 Policy	\$20.00	x	_____	=	_____
<input type="checkbox"/> \$50,000 Policy	\$40.00	x	_____	=	_____
<input type="checkbox"/> \$100,000 Policy	\$80.00	x	_____	=	_____

AMOUNT ENCLOSED _____

X _____
Signature

Date

Payment by: ☐  ☐  ☐  ☐  ☐ Check ☐ Money Order

Credit Card Information:

Number:

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Expiration Date:

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 Security Code:

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Make Check/Money Order Payable to: 
NOTARY PUBLIC UNDERWRITERS

Return form to:

Fax: 877.856.1663

Email: info@npuonline.com

Mail: P.O. Box 7457
Tallahassee, FL 32314



P.O. Box 7457
Tallahassee, FL 32314
Toll-Free: 800.821.0831 Fax: 877.856.1663
www.NPUonline.com