

# APPLICATION FOR RHODE ISLAND 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.

<u>Amount of Coverage</u> <small>(Check only one)</small>	<u>Annual Premium Per Notary</u>	x	<u>Number of Notaries</u>	=	<u>Total Amount Due</u>
\$10,000 Policy	\$32.50	x	_____	=	_____
\$15,000 Policy	\$39.00	x	_____	=	_____
\$25,000 Policy	\$45.50	x	_____	=	_____
\$50,000 Policy	\$91.00	x	_____	=	_____
\$100,000 Policy	\$182.00	x	_____	=	_____

AMOUNT ENCLOSED \_\_\_\_\_

**X** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Payment by:



Check

Money Order

Credit Card Information:

Number:

Expiration Date:     Security Code:

Make Check/Money Order Payable to:  
**NOTARY PUBLIC OF AMERICA**

**Return form to:**

Fax: 877.856.1663

Email: [info@npuonline.com](mailto:info@npuonline.com)

Mail: P.O. Box 7457

Tallahassee, FL 32314



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Toll-Free: 800.821.0831 Fax: 877.856.1663

[www.NPUonline.com](http://www.NPUonline.com)