

# APPLICATION FOR NEW MEXICO 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>		<u>Number of Notaries</u>		<u>Total Amount Due</u>
<input type="checkbox"/> \$10,000 Policy	\$16.25	x	_____	=	_____
<input type="checkbox"/> \$15,000 Policy	\$21.25	x	_____	=	_____
<input type="checkbox"/> \$25,000 Policy	\$26.00	x	_____	=	_____
<input type="checkbox"/> \$50,000 Policy	\$52.00	x	_____	=	_____
<input type="checkbox"/> \$100,000 Policy	\$104.00	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 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



P.O. Box 7457  
Tallahassee, FL 32314  
Toll-Free: 800.821.0831 Fax: 877.856.1663  
[www.NPUonline.com](http://www.NPUonline.com)