

Small Business

**Application Questions for Professional and General Liability
 Policies Occupation: Notary Services/Loan Signing Agent**

About You

Title: Mr., Miss, Mrs., Ms., Dr.

First name: _____

Last name: _____

Primary Service: **Notary/Signing Agent Service**

Business name (name policy will be issued under): _____

FEIN/SS#: _____

Address: Street _____

Secondary Street (optional) _____

City _____

County _____

State _____

Zip code _____

Telephone number: _____

E-mail address: _____

Do you provide any additional services? i.e. Real Estate Agent,
 Attorney, Mortgage Broker, Title Agent, Accountant, etc. _____

Is your business operated out of your home? Yes No

Other than the business address provides above, how many
 additional locations does your business own or rent? _____

What best describes your business's ownership structure (select one):

- Individual/Sole Proprietor
- Joint Venture
- Limited Liability Company
- Partnership
- Trust
- Corporation or other Organization (other than the above)

Including yourself, how many full-time, part-time and temporary employees does your business have? (Do not include subcontractors) _____

Have you taken training and/or been certified to handle signing documents for mortgage lenders, title or escrow companies? Yes No

Any claims filed against any Notary or Signing Agents E&O insurance or have you been sued for activity in regards to notarial acts or loan signing? Yes No

Do you currently have an insurance policy in effect for the coverage requested? Yes No

If yes, name of insurance carrier: _____

Current Policy Retro-Active Date: _____

Notary or Signing Agents organization memberships. _____

Do you keep a journal of Notarial acts? Yes No

Approximately when did your business begin? _____

How long have you been a notary? _____

Do you maintain current and valid professional certifications or designations as required or recognized by industry standards? Yes No

For the next 12 months, what is your estimated payroll expense for yourself, your full time, part-time, and temporary employees? (Do not include sub-contractors) \$ _____

What is your business's estimated gross revenue during the next 12 months? \$ _____

If you use Independent Contractors, provide annual cost. \$ _____

What is your business's primary type of client?

- Businesses
 - Non-publicly known individuals/families
 - Publicly known individuals/families
 - Government-Federal
 - Government-state, local, or foreign
 - Other; please explain
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Does your business use a written contract or statement of work?

- Always (100%)
- Most of the time (75% to 99%)
- Some of the time (1% to 74%)
- Never (0%)