

M. BURR KEIM AGENCY

Signing Agent Errors and Omissions Insurance

2021 ARCH STREET
PHILADELPHIA, PA 19103
FAX: 215977-9386

Per Claim / Aggregate	\$500 Deductible	\$1,000 Deductible
\$75,000 / \$150,000	\$275	\$220
\$125,000 / \$250,000	\$458	\$366

Amount to charge: \$ _____

Payment Method: **Check** **Visa** **Mastercard**
(Please make your check payable to M. BURR KEIM AGENCY.)

Name on Card: _____

Card Number: _____ - _____ - _____ - _____

Card Exp. Date: ____/____ (mm/yy)

-Please complete the following application.-

***The application can be returned to us via email attachment
order@mburrkeim.com, FAX 215-977-9386 or mailed to us at the above
address.***



SIGNING AGENTS ERRORS AND OMISSIONS APPLICATION

Name _____

Address _____

Telephone No. _____ Email Address: _____

Please note that this is a claims-made policy

Amount of Coverage: \$75,000 Per Claim/\$150,000 Aggregate
 \$125,000 Per Claim/\$250,000 Aggregate

Deductible: \$500 \$1,000

State(s) and Expiration Date(s) of Current Notary Commission(s) _____

Number of Years Experience as a Signing Agent _____ Number of Signings Completed _____

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

Date Training Completed _____ Course Name _____
 Certification Date _____ By whom _____

If you carry Notary Errors and Omissions Insurance, what is the limit? \$ _____

Any claims filed against any Notary or Signing Agents Errors and Omissions Insurance or have you been sued for activity in regards to a loan signing? Yes No If yes, please explain. _____

Criminal background check done? Yes No If yes, when? _____

Notary or Signing Agents organization memberships or affiliations: _____

Do you keep a journal of Notarial acts? Yes No

Do you handle closing funds at signings? Yes No

Notice to Applicant — Please read carefully

Warranty: The applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurer accepts this application by issuance of a policy.

Applicant Signature _____

Date _____

Your CNA Surety Agent is:

Address _____
 Street _____

City _____ State _____ Zip _____

Agent's Code _____

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.



P.O. Box 5077 Sioux Falls, South Dakota 57117-5077
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