

**M. BURR KEIM AGENCY**  
*Signing Agent Errors and Omissions Insurance*

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

<b>Per Claim / Aggregate</b>	<b>\$500 Deductible</b>	<b>\$1,000 Deductible</b>
\$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](mailto: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  
1-800-331-6053 FAX 1-605-335-0357  
www.cnasurety.com