



MERCHANTS BONDING COMPANY (MUTUAL) P.O. BOX 14498, DES MOINES, IOWA 50306-3498
PHONE: (877) 349-6588 FAX: (877) 349-6590

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

Policy No. NRI-VA1878

Premium: \$37.00

COVERAGE: MERCHANTS BONDING COMPANY (MUTUAL) ("the Company") will pay on behalf of
MICHELLE S. MOORE of RESTON, VA

("the Insured"), all sums, subject to the Limit of Liability stated below, which the Insured shall become obligated to pay by reason of liability for breach of duty while acting as a duly commissioned and sworn Notary Public, claim for which is made against the Insured by reason of any negligent act, error or omission, committed or alleged to have been committed by the Insured, arising out of the performance of notarial service for others in the Insured's capacity as a duly commissioned and sworn Notary Public. The Company will also pay on behalf of the Insured, subject to the Limit of Liability stated below, costs and expenses incurred in investigating, defending or settling the Insured's liability arising from any negligent act, error or omission, committed or alleged to have been committed by the Insured, arising out of the performance of notarial service for others in the Insured's capacity as a duly commissioned and sworn Notary Public.

POLICY PERIOD: This policy applies only to negligent acts, errors or omissions which occur during the policy period. The Policy Period commences on the Effective Date hereof and terminates upon the Expiration Date hereof.

LIMIT OF LIABILITY: The liability of the Company shall not exceed in the aggregate for all claims, costs and expenses under this policy the amount of ***THIRTY THOUSAND DOLLARS and 00/100*** (*\$30,000.00*) Dollars.
(NOT VALID IF FILLED IN FOR MORE THAN \$100,000)

THIS LIMIT OF LIABILITY INCLUDES COSTS AND EXPENSES INCURRED IN INVESTIGATING, DEFENDING OR SETTLING LIABILITY. ONCE THE LIMIT OF LIABILITY STATED ABOVE HAS BEEN PAID, WHETHER BY SETTLEMENT OF A CLAIM OR CLAIMS, OR BY PAYMENT OF COSTS AND EXPENSES, THE COMPANY IS RELIEVED OF ANY FURTHER DUTY TO DEFEND OR INDEMNIFY THE INSURED UNDER THIS POLICY.

SETTLEMENT: The Company, in the Insured's name and behalf, shall have the exclusive right to make any settlement of any claim, suit, or other action, as the Company deems expedient. If execution on a judgement against the Insured is returned unsatisfied in an action brought to recover damages for loss incurred during the life of the policy, then an action maybe maintained against the Company under the terms of the policy, for the amount of the judgement not exceeding the amount of the applicable limit of coverage under the policy.

DUTIES OF INSURED: The Insured shall mail or deliver to the Company as soon as practicable after notice or knowledge of a claim or possible claim against the Insured copies of any written notice thereof and a complete description of the facts and circumstances alleged to give rise to such claim. Bankruptcy or insolvency of the Insured or the insolvency of the Insureds estate, shall not release the Company or its liability hereunder.

EXCLUSIONS: Coverage under this policy as described in the COVERAGE section of the policy on page 1 does not apply to any acts of or allegations of (i) dishonest, fraudulent, criminal, libelous, slanderous or malicious act or omission of the Insured; (ii) willful or intentional disregard of the law; (iii) bodily injury to, or sickness, disease or death of any person, including but not limited to, emotional or mental distress and related conditions; (iv) injury to or destruction of any tangible property, including the loss of use thereof; (v) fines or penalties imposed by law on the Insured; or (vi) punitive, treble, exemplary or similarly categorized damages, including fines and penalties.

CO-INSURANCE: If the Insured has other insurance against a loss covered by this policy, the Company shall not be liable under this policy for a greater proportion of such loss than the limit of liability stated in this policy bears to the limit of liability of all other insurance against such loss.

SUBROGATION: In the event of any payment for any loss under this insurance, the Company shall be subrogated to all of the Insured's rights of recovery thereafter against any person or organization and the Insured shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights to the Company. The Insured shall do nothing after loss to prejudice such rights.

CANCELLATION: This policy may be cancelled by the Insured by surrender hereof to the Company or any of its authorized agents or by mailing to the Company written notice stating when thereafter the cancellation shall be effective. This policy may be cancelled by the Company for failure of the Insured to discharge when due any of its obligations in connection with the payment of premium by mailing 15 days advance written notice to the Insured. This policy may be cancelled by the Company for any other reason by mailing 45 days advance written notice to the Insured. If this policy is not to be renewed for non-payment of premium we will provide 15 days advance written notice or if the policy is not to be renewed for any other reason we will provide at least 45 days advance written notice of nonrenewal. The specific reason(s) for cancellation or nonrenewal shall be stated on all notices the notices shall be mailed to the named insured..

The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice either by the Insured or by the Company shall be equivalent to mailing. The time of surrender or the effective date and hour of cancellation stated in the notice shall become the end of the policy period. If the Insured cancels, the premium shall be fully earned. If the Company cancels, return premium shall be computed pro rata.

EFFECTIVE DATE: 12:01 AM December 17, 2016 EXPIRATION DATE: 12:01 AM December 17, 2017



MERCHANTS BONDING COMPANY (Mutual)

By Larry Taylor
Larry Taylor, President

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number:

Merchants Bonding Company (Mutual)
P.O. Box 14498, Des Moines, Iowa 50306-3498
(800) 678-8171

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Virginia State Corporation Commission's Bureau of Insurance
PO Box 1157
Richmond VA 23218
In Virginia call - 1-800-552-7945
Outside Virginia call - 1-877-310-6560

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available

