Travelers Casualty and Surety Company Travelers Casualty and Surety Company of America One Tower Square, Hartford, Connecticut 06183

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

				Policy No.: _	10788543416
				Term Premium:	\$170.00
			Polic	y Effective Date:	August 20, 2024
	The Company will pay on behalf of	Mikhail Ser	nenenkau		
of	The Company win pay on behalf of	San Diego	County		(the "Insured"),
Notary commi	ns which the Insured shall become obligated to pay Public, claim for which is made against the Insuredited by the Insured, arising out of the performance of Public.	by reason of liability for d by reason of any negli	gent act, error o	r omission, committe	commissioned and sworn d or alleged to have been
commo	POLICY PERIOD: This policy applies only to suit or other action arising therefrom is commenced ences on the Effective Date hereof and terminates upvided in this policy. This policy is not valid for more	within the applicable Sta on the expiration of the l	tute of Limitation	ns pertaining to the In	sured. The Policy Period
		IDRED THOUSAND and 00	0/100	(5	3100,000) DOLLARS.
	ition to the limit of liability and in accordance with ed in investigating, contesting or settling liability in a				
the natauthor notice, suits a linsure	INSURED'S DUTIES IN THE EVENT OF OCC (a) Upon knowledge of any occurrence wallars sufficient to identify the Insured and also reason mes and addresses of the potential claimant and of ized agents as soon as practicable, but in no event lon (b) If claim is made or suit is brought agent, summons or other process received by him or his re (c) The Insured shall cooperate with the Cound the Insured shall attend hearings and trials and dishall not, except at his own cost, voluntarily makent of the Company.	which may reasonably be ably obtainable information available witnesses, shanger than forty-five (45) cannot the Insured, the Insured presentative. In a company and, upon the Company and, upon the Company and gifted assist in securing	expected to rest ion with respect to ill be given by or lays after discover ured shall immed company's request ving evidence an	o the time, place and r for the Insured to	circumstances thereof, and the Company or any of its Company every demand, tlements, in the conduct of dance of witnesses. The
Insure	EXCLUSIONS: Coverage under this policy dod.	es not apply to any dist	nonest, fraudulen	t, criminal or malicio	ous act or omission of the
	OTHER INSURANCE: If the Insured has other for a greater proportion of such loss, cost and expertant collectible insurance against such loss.				
cancel cancel	CANCELLATION: The insured may cancel this company may cancel this policy by mailing or deliver llation if we cancel for nonpayment of premium or it, the premium refund will be pro rata and if the insurve not made or offered a refund.	ing to the insured written 30 days before the effecti	notice of cancellar ve date of cance	ation at least 10 days llation if we cancel f	before the effective date of or any other reason. If we
	IN WITNESS WHEREOF, the Company has car	used this Policy to be sign	ed by its authoriz	zed Company officers	at Hartford, CT.
	JHDP. KK	w	leady (Shy	

Corporate Secretary

Executive Vice President