

Florida



Western Surety Company

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

Policy No. 61409822N01

Premium: \$120.00

WESTERN SURETY COMPANY will pay on behalf of IVETTE E. OLIVO

_____ (the "Insured")

of P.O. BOX 422752, KISSIMMEE, FL 34742 _____, all sums
(Address)

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.

POLICY PERIOD: This policy applies only to negligent acts, errors or omissions which occur during the policy period and then only if claim, suit or other action arising therefrom is commenced during the policy period or within the applicable Statute of Limitations pertaining to the Insured.

The Policy Period commences at 12:01 a.m. on April 6th, 2012, and ends at midnight on April 5th, 2016.

LIMITS OF LIABILITY INCLUDING DEFENSE COSTS: The total liability of the Company for all loss (defined below) for all claims under this insurance including defense costs (defined below) shall not exceed the amount of

Fifty Thousand and 00/100 DOLLARS (\$ 50,000.00).
(NOT VALID IF FILLED IN FOR MORE THAN \$100,000.)

This limit shall apply in the aggregate so that the Company's total liability for all claims and/or defense costs shall in no event exceed this amount.

DEFENSE SETTLEMENT: With respect to such insurance as is afforded by this policy, the Company shall, provided the policy limit has not been exhausted, defend, in the Insured's name and behalf, any claim or suit against the Insured alleging such negligent act, error or omission and seeking damages on account thereof, even if such claim or suit is groundless, false, or fraudulent. The Company, in the Insured's name and behalf, shall have the right to make such investigation, negotiation and settlement of any claim or suit as it may deem expedient.

DEFINITIONS: Wherever used in this policy, these words shall have the following meanings:

- (a) "Defense costs" shall mean any and all: (1) expenses, including attorneys' or investigators' fees, paid or incurred by the Company in the investigation, settlement or defense of claims or suits; (2) costs taxed against the Insured in a suit defended by the Company; (3) premiums for bonds required in a suit defended by the Company, which bonds the Company shall have no obligation to furnish, but only for bonds up to the Company's limit of liability; (4) interest on a judgment as required by law until the Company offers the amount due under this insurance; and (5) reasonable expenses incurred by the Insured at the Company's request, other than loss of earnings.
- (b) Subject to all of the Exclusions of this policy (stated below), "loss" shall mean the total of: (1) sums the Insured legally must pay as direct compensatory damages because of claims covered by this insurance; (2) sums the Company agrees to pay in settlement of such claims, whether or not the Insured's legal liability has been determined; and (3) "defense costs" as defined above.

**THIS POLICY NOT VALID IF PREMIUM NOT PAID
WITHIN 30 DAYS OF EFFECTIVE DATE HEREOF.**

EXCLUSIONS: Coverage under this policy does not apply to any (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.

OTHER INSURANCE: This insurance is excess over any other applicable insurance whether such insurance is primary, excess, contributory, contingent, or otherwise and whether such insurance is collectible or not, unless such other insurance is written to be specifically excess over the insurance provided by this policy.

INSURED'S DUTIES IN THE EVENT OF OCCURRENCE, CLAIM OR SUIT:

- (a) Upon knowledge of any occurrence which may reasonably be expected to result in a claim or suit, written notice containing particulars sufficient to identify the Insured and also reasonably obtainable information with respect to the time, place and circumstances thereof, and the names and addresses of the potential claimant and of available witnesses, shall be given by or for the Insured to the Company or any of its authorized agents as soon as practicable, but in no event longer than forty-five (45) days after discovery.
- (b) If claim is made or suit is brought against the Insured, the Insured shall immediately forward to the Company every demand, notice, summons or other process received by it or its representative.
- (c) The Insured shall cooperate with the Company and, upon the Company's request, assist in making settlements, in the conduct of suits and in enforcing any right of contribution or indemnity against any person or organization who may be liable to the Insured for acts, errors or omissions with respect to which insurance is afforded under this policy; and the Insured shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Insured shall not, except at his own cost, voluntarily make any payment, admit any liability, assume any obligation or incur any expense except with the prior written consent of the Company.

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.

ACTION AGAINST COMPANY: No action shall lie against the Company unless, as a condition precedent thereto, there shall have been full compliance with all of the terms of this policy, nor until the amount of the Insured's obligation to pay shall have been finally determined either by judgment after actual trial or by written agreement of the Insured, the claimant, and the Company.

Any person or organization or the legal representative thereof, who is signatory to such judgment or written agreement, shall thereafter be able to recover under this policy to the extent of the insurance afforded by this policy. No person or organization shall have any right under this policy to join the Company as a party to any action against the Insured to determine the Insured's liability, nor shall the Company be impleaded by the Insured or the Insured's legal representative.

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 such cancellation shall be effective. During the first ninety (90) days that this policy is in force, the Company may cancel it for any reason upon twenty (20) days' written notice to the Insured, and the Company may cancel this policy upon ten (10) days' written notice at any time for nonpayment of premium. After this policy has been in effect for ninety (90) days, it may be cancelled by the Company for any reason provided by statute upon at least forty-five (45) days' written notice to the Insured. A pro rata return premium shall be allowed on cancellation, but payment of unearned premium is not a condition of cancellation. If the policy is not to be renewed, the Company shall give the Insured at least forty-five (45) days' written notice stating the reason or reasons for nonrenewal.

TELEPHONE NUMBER: To present inquiries or obtain information about coverage and to provide assistance in resolving complaints, the Company's telephone number is (605) 336-0850.

Dated, signed and sealed this 11th day of July, 2012.

By _____
Appointed Agent of Surety

WESTERN SURETY COMPANY
By Paul T. Bruflat
Paul T. Bruflat, Senior Vice President

Address claims to:
CNA Surety Claims -- 13 South
CNA Plaza, 333 Wabash
Chicago, IL 60604
1-877-672-6115
Claim fax: 312-755-7276



Transaction Report & Invoice

CNA Surety
P O Box 802875
Chicago, IL 60680-2875

Principal Information: ID:

IVETTE E. OLIVO
P.O. BOX 422752

KISSIMMEE, FL 34742

Agency Code: 42-22844

American Association of Notaries, Inc.
8811 Westheimer, Ste. 207
Houston, TX 77063

Transaction Description:

Transaction Effective Date: 04/06/2012

Number: 61409822N01

Written By: Western Surety Company

Description: Individual Notary Public Errors and Omissions Policy

Obligee:

Surtax	\$1.56
Gross Premium Charge:	\$121.56
Commission Amount:	
Net Premium Due:	

Effective Date: 04/06/2012
Expiration Date: 04/05/2016
Current Penalty: \$50,000.00
Renewal Method:

Change Detail:

Agent: You may remove stub below to use as a billing/credit invoice

CNA Surety

INVOICE

FILE NO.	EFFECTIVE DATE	ANNIVERSARY DATE	PROCESS DATE	PENALTY
0601 61409822N01	04/06/2012	04/05/2016	07/11/2012	\$50,000.00
PRINCIPAL	IVETTE E. OLIVO P.O. BOX 422752, KISSIMMEE, FL 34742			
RISK STATE	FL	WRITTEN BY Western Surety Company		
DESCRIPTION	Individual Notary Public Errors and Omissions Policy			

OBLIGEE

AGENCY CODE 42-22844	\$121.56
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Your agent is: American Association of Notaries, Inc.
8811 Westheimer, Ste. 207
Houston, TX 77063