PLEASE PUT YOUR NAME AS IT APPEARS ON YOUR COMMISSION AND MAILING ADDRESS BELOW

ORDER FORM





SINCE 1979

3061 FULTON AVENUE SACRAMENTO, CA 95821 (916) 484-0804 LICENSE # 0585177

Please verify name, dates,	and county	by placing	initials in box
If you wish supplies mailed t	o a different	address, plea	ase advise.

COMMISSION #

	PUR PUR	ICHASE NOTA	RY SEAL
Effective date	Expiration date		
County where file	Telephone		
Payment: Check of	or Credit Card: #Expiration da	te on card	
Signature of Card			
**OUR PR	RICES INCLUDE FIRST CLASS MAILING ANI	D SAL	ES TAX
\$ 15,000 M	NOTARY BONDFOUR YEAR PREMIUM \$3	8.00	\$
The	NOTARY PUBLIC ERRORS & OMISSIONS POLI se premiums are for four (4) years and when Travelers writes you	CIES r notary	bond.
\$ 10.000 Er	rors & Omissions Policy (written with Merchants Bonding) \$	35.00	\$
\$ 15,000 Er	rors & Omissions Policy \$	50.00	\$
\$ 25,000 Er	rors & Omissions Policy \$	70.00	\$
\$ 50,000 E	rors & Omissions Policy(See application on back) \$ 1	48.00	\$
\$ 100,000 E1	rors & Omissions Policy(See application on back)	70.00	\$
1. Notary Journ	al (Space for over 500 fingerprint entries)	\$11.95	\$
2. Notary journ	al Hard Cover	\$17.95	\$
	Rubber Seal (this seal does not fit in the compact case)		\$
	bber Seal with own compact case and ink pad		\$
	lotary Rubber Seal (Trodat 4913)		\$
	king Notary Rubber Seal (Trodat 4912)		\$
	stary Rubber Seal (Brother 2260)		\$ \$
	ked Notary Rubber Seal (Brother 1850)		\$
10. Semi-Inkles)	\$
	· ·		\$
			\$
	TOT		\$
Pubber Stam	n Trodat 9012 Vienna Brother 1850-2260 Trodat 4912-4913	AL	4

Rubber Stamp



Trodat 9012 Vienna



Brother 1850-2260



WALK-INS WELCOME OFFICE HOURS 9:00 A.M. TO 5:00 P.M. MONDAY - FRIDAY

Order by - MAIL or EMAIL - mcgloneorderdesk@mycci.net

(916) 484-6258

or (1-800-486-6123)

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To receive your notary seal stamp and/or embosser, mail us the original Certificate of Authorization.



TRAVELERS BOND EXPRESS **APPLICATION FOR THE \$50,000 & \$100,000 ERRORS & OMISSIONS POLICY CALIFORNIA ONLY**

Travelers Casualty and Surety Company of America

140	ame		NOTES TO A CONTROL OF THE PARTY		
Ac	idress				
Cit	y	T 64-4-			
	tary E&O Limit	State	Zip Code		
140	taly Loo Linit				
age	TRUCTIONS: All questions must be answered accurately and come and refer to the question number.	npletely. If additional space i	s needed, continue on a separate		
	GENERAL INF	ORMATION			
1	Please provide a brief description of the type(s) of documents you	ou notarize:			
2.	Has a claim ever been filed against your Notary Bond or Notary If "Yes," please explain:				
3.	Are you currently in violation of any rules/regulations of the Nota If "Yes," please explain:				
4.	If "blo " places and to	e you completed the necessary requirements (courses) to obtain your Notary license?			
5.	Are you currently in compliance with ALL your state's Notary licer If "No," please explain:				
6.	5. Do you use a notary journal for all transactions, and is it stored in a secured drawer or box?				
7.	7. Do you only witness signatures of individuals who appear before you personally?				
	YOUR SIGNATURE A	ND AUTHORIZATION			
for uch	undersigned declares that to the best of his/her knowle in the attached application for insurance are true and mation in any application changes prior to the inception changes, and the company may modify or withdraw any in connection with this application.	dge and belief, after rea	elied upon by the company. If the		
) Ir	signing of this application does not bind the company to that this application, including any material submitted to VA and UT, physically attached to and part of the policed physically attached to and part of the policy, if is ding any material submitted therewith, in issuing the policy	licy, if issued; and (2) Ir	pasis of the insurance and shall b		
ect	ronically reproduced signatures will be treated as original.				