

**The Bar Plan Surety and Fidelity Company**  
**The Bar Plan Mutual Insurance Company**

1717 Hidden Creek Court, St. Louis, Missouri 63131, (314) 965-3333, Fax (314) 965-7812 or  
Toll Free 877-553-6376, Fax (888) 658-6761

**Notary Bond Application**

Please print legibly or type

**Applicant Information**

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Bond Information**

State: \_\_\_\_\_

County: \_\_\_\_\_

Bond Amount: \_\_\_\_\_

Commission #: \_\_\_\_\_

Commission Dates: \_\_\_\_\_

**Employer Information**

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position: \_\_\_\_\_

**Delivery Method..... Regular Mail      Priority      Overnight**

**AGREEMENT OF INDEMNITY-PLEASE READ CAREFULLY**

**In consideration of the execution by The Bar Plan Surety and Fidelity Company or The Bar Plan Mutual Insurance Company, St. Louis, Missouri (whichever issues or continues said bond being hereinafter called “Company”), of the bond herein applied for, I hereby agree:**

1. To pay to the Company the premium for the bond in accordance with the rates filed by the Company in the State where the bond shall be filed.
2. To indemnify the Company against all loss, liability, costs, damages, attorney’s fees and expenses whatever, which the Company may sustain or incur by reason or in consequence of having executed said bond and in enforcing any of the agreements herein contained.
3. The Company shall have the right, and is hereby authorized but not required, to adjust, settle, or compromise any claim, demand, suit, or judgment upon said bond unless the undersigned shall request the Company to litigate such claim or demand or defend such suit or to appeal from such judgment, and if the undersigned makes such request the undersigned shall deposit with the Company collateral satisfactory to the Company in kind and amount.
4. The Company shall have the absolute right to procure its release from said bond under any law for the release of sureties, and the Company is hereby released of and from any damages that may be sustained by me by reason of such release.
5. At any time, and until such time as the liability of the Company is terminated, the Company shall have the right to reasonable access to the books, records, and accounts of the applicant and any bank depository, or other person, firm, or corporation is hereby authorized to furnish the Company any information requested.
6. The above agreements shall bind me and my heirs, executors, administrators, successors and assigns, jointly and severally.
7. That by submitting this application, I hereby authorize any and all consumer reporting agencies to provide consumer reports regarding myself to the underwriter, The Bar Plan Mutual Insurance Company or The Bar Plan Surety and Fidelity Company, and I authorize the underwriter to obtain such consumer reports.

Signed and Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Printed Name

**Anti-Fraud Warning**

**Applicable to Maine, Tennessee and Virginia Applicants only**

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits”.

**Anti-Fraud Notice**

**Applicable to DC Applicants Only**

“WARNING! It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

**Anti-Fraud Notice**

**Applicable to Hawaii Applicants Only**

“For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.”

**Anti-Fraud Notice**

**Applicable to New Jersey Applicants Only**

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

**Anti-Fraud Notice**

**Applicable to Pennsylvania Applicants Only**

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

**Anti-Fraud Notice**

**The following disclaimer applies only to applicants in the states of Washington and Florida.**

“Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of third degree.”

**Anti-Fraud Warning**

**Applicable to New York Applicants only**

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”

**Anti-Fraud Notice**

**Applicable to Oklahoma Applicants Only**

“WARNING! Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

**Anti-Fraud Notice Applicable**

**to Kentucky Applicants Only**

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.”

**Anti-Fraud Notice**

**Applicable to Ohio Applicants Only**

"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."

**Anti-Fraud Notice**

**Applicable to Arkansas, New Mexico, West Virginia and Louisiana Applicants Only**

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

**Anti-Fraud Notice**  
**Applicable to Colorado Applicants Only**

“It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.”