



# NOTARYBONDING.COM

Tradition of Trust & Integrity Empowering America's Notaries Since 1940.

Idaho Notary "Discount" Association  
550 Hulet Drive, Suite 105  
Bloomfield Hills, MI 48302

Toll Free: (800) 366 - 8279  
Email: info@notarybonding.com

Fax: (800) 637 - 5992  
Website: notarybonding.com

## Idaho Terms & Conditions:

- The policy term is 1 year.
- Additional notaries employed during the term of the policy will be included at no extra cost. There will be no return premium for notaries who end their employment during the term of the policy.
- Employer's Liability Coverage as to Notary E&O is included at no additional premium.
- The business must employ 2 or more notaries to be eligible for coverage.

## Idaho Employer's Blanket Errors & Omissions Policy Order Form:

### Select Your Employer's Blanket E&O Policy:

- \$ 5,000 Blanket Policy       \$ 7.50/Year. Per Notary
- \$ 10,000 Blanket Policy     \$ 12.50/Year. Per Notary
- \$ 25,000 Blanket Policy     \$ 18.75/Year. Per Notary

### Required Information:

Number of Employees: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Name Type:

No Secondary Name       DBA       Trading As

Business Type:

Corporation                       LLC               LLP  
 Partnership                       Individual

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business City: \_\_\_\_\_

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

Business Zip Code: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Ship To Name: \_\_\_\_\_

Ship To Address: \_\_\_\_\_

Ship To City: \_\_\_\_\_

Ship To State: \_\_\_\_\_

Ship To Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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

### Payment Options:

Indicate Entire Check or Money Order Number:

Payable to: Idaho Notary "Discount" Association

OR

Charge Credit Card:

- Visa
- MasterCard
- American Express
- Discover

Full Name on Credit Card

Credit Card Number

Credit Card Expiration Date

X \_\_\_\_\_

Signature of Cardholder (Mandatory for Credit Card Purchases)

### Your Order Total:



Grand Total Amount: \$ \_\_\_\_\_