



Notary Association of Pennsylvania, Co.

“Serving over a million notaries nationwide since 1940”

6059 Allentown Blvd., #903
Harrisburg, PA 17112

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

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

Standard	Deluxe	Elite	Additional
 <p>Low Cost New or Renewal Complete Service Notary Bond Package “A”</p> <p>\$114.90</p> <p><u>Package Includes:</u> Required \$10,000 Notary Public 4 Year Bond. The \$23.00 Notary Bond Premium includes a 4 Year \$3,000 E & O Policy. Sec. of State Filing Fee of \$40.00 is included with this package. Official Self-Inking Rectangular Stamp Seal (5,000 Impressions) <small>COMMONWEALTH OF PENNSYLVANIA</small> NOTARIAL SEAL DANIEL R. DOE, NOTARY PUBLIC CITY OF SCRANTON, LACKAWANNA COUNTY MY COMMISSION EXPIRES JUNE 27, 2027</p> <p>Notary Static Window Decal</p>	 <p>Low Cost New or Renewal Complete Service Notary Bond Package “B”</p> <p>\$141.90</p> <p><u>Package Includes:</u> Required \$10,000 Notary Public 4 Year Bond. The \$50.00 Notary Bond Premium includes a 4 Year \$13,000 E & O Policy. Sec. of State Filing Fee of \$40.00 is included with this package. Official Self-Inking Rectangular Stamp Seal (5,000 Impressions) <small>COMMONWEALTH OF PENNSYLVANIA</small> NOTARIAL SEAL DANIEL R. DOE, NOTARY PUBLIC CITY OF SCRANTON, LACKAWANNA COUNTY MY COMMISSION EXPIRES JUNE 27, 2027</p> <p>Notary Static Window Decal</p>	 <p>Low Cost New or Renewal Complete Service Notary Bond Package “C”</p> <p>\$151.90</p> <p><u>Package Includes:</u> Required \$10,000 Notary Public 4 Year Bond. The \$60.00 Notary Bond Premium includes a 4 Year \$23,000 E & O Policy. Sec. of State Filing Fee of \$40.00 is included with this package. Official Self-Inking Rectangular Stamp Seal (5,000 Impressions) <small>COMMONWEALTH OF PENNSYLVANIA</small> NOTARIAL SEAL DANIEL R. DOE, NOTARY PUBLIC CITY OF SCRANTON, LACKAWANNA COUNTY MY COMMISSION EXPIRES JUNE 27, 2027</p> <p>Notary Static Window Decal</p>	 <p>Notary Errors & Omissions 4 Year Insurance Coverage</p> <p>\$5,000 Notary Errors & Omissions 4 Year Policy: \$30.00</p> <p>\$10,000 Notary Errors & Omissions 4 Year Policy: \$50.00</p> <p>\$25,000 Notary Errors & Omissions 4 Year Policy: \$75.00</p>

PENNSYLVANIA COMPLETE SERVICE NEW OR RENEWAL NOTARY BOND PACKAGE ORDER FORM:

Select Your Notary Bond Package:

- Standard Notary Bond Package “A” **\$114.90**
- Deluxe Notary Bond Package “B” **\$141.90**
- Elite Notary Bond Package “C” **\$151.90**

Official Notary Public Journal:

- Official Notary Journal (Soft Cover) **\$5.00**

Additional Notary 4 Year E & O Coverage:

- \$5,000 Notary 4 Year E & O Policy **\$30.00**
- \$10,000 Notary 4 Year E & O Policy **\$50.00**
- \$25,000 Notary 4 Year E & O Policy **\$75.00**

Grand Total Amount: \$ _____

Required Contact Information:

Email: _____

Daytime Phone: _____

Form of Payment Options:

Type or print the check or money order number below:

Payable to: **Notary Association of Pennsylvania, Co.**

OR

Charge: ___ Visa ___ MasterCard ___ AM/EX ___ Discover

Credit Card Number _____ Expiration Date _____

X _____

Signature of Cardholder (Required for Credit Card Purchases)

Pennsylvania Information Order Form:



Important: Please be advised that all applicants must complete section 1 and section 2 below and return it with their complete service new or renewal notary bond package order form and state application.

Section 1

You may know the name of your post office, but your municipality does not necessarily go by the same name. **We must have the correct municipality name to make your official stamp seal.** Verify this information, if necessary, with your local voter registration office or tax collector.

My office is in the: Township: Borough: City:
Of: _____
County Of: _____

My home is in the: Township: Borough: City:
Of: _____
County Of: _____

Please print or type your name at the **X**: _____

Section 2

Office Street Address: Include business name, and type of business if applicable. If address includes a post office box or rural delivery route and box, complete the "physical location of office" section below*. Then, please furnish your complete office address again.

Business Name: _____

Type: _____

Street & Number: _____

Building: _____

Room or Suite Number: _____

City: _____

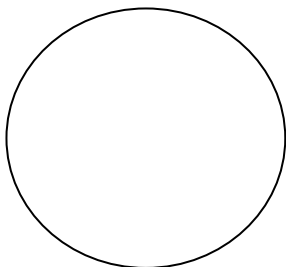
Zip Code: _____

*Physical Location of Office (If Applicable): _____

Home Street Address: If address includes a post office box or rural delivery route, indicate below:

Address: _____

City, State & Zip Code: _____



Squeeze embossing seal in circle above.
(If available)



Place imprint of official stamp seal above.