Form 1368

Western Surety Company

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

(Address)

WESTERN SURETY COMPANY will pay on behalf of _

50 Maple Street, Maylene, Alabama

FORM No. E & O. 40407860

<u>Jim McBrayer</u>

35114

| thereinafter called the insured), all sums which the insured shall become obligated to pay lead of liability for breach of duty while acting as a duly commissioned and sworn Notary Public for which is made against the insured by reason of any negligent act, error or omission, or alleged to have been committed by the insured, arising out of the performance of notari for others in the insured's capacity as a duly commissioned and sworn Notary Public. | committed al service |
|--|------------------------------|
| POLICY PERIOD: This policy applies only to negligent acts, errors or omissions where during the policy period and then only if claim, suit or other action arising therefrom is containing the policy period or within the applicable Statute of Limitations pertaining to the insured. | ommenced |
| The Policy Period ends March 29, 1993. | |
| LIMITS OF LIABILITY: The liability of this company shall not exceed aggregate for all claims under this insurance the amount of the liability of the company shall not exceed aggregate for all claims under this insurance (\$\frac{10.000.00}{00.00}\) I | in the int of OOLLARS. |
| In addition to the limit of liability and in accordance with the other provisions of this person will pay costs and expenses paid and incurred in investigating, contesting or settle in an amount not to exceed one-half of the limit of this policy. | oolicy, this ng liability |
| EXCLUSIONS: Coverage under this policy does not apply to any dishonest, fraudulen or malicious act or omission of the insured. | |
| CO-INSURANCE: If the insured has other insurance against a loss covered by this company shall not be liable under this policy for a greater proportion of such loss, cost and than the limit of liability stated in this policy hears to the total limit of liability of all collectible insurance against such loss. | valid and |
| CANCELLATION: This policy may be cancelled by the Company by mailing thirty written notice to the Insured and may be cancelled by the Insured by surrender thereof to the or any of its agents or by mailing to the Company thirty (30) days written notice and this be deemed cancelled and the Policy Period terminated upon such return or at the expirately (30) days. A pro rata return premium shall be allowed on cancellation. | policy shall tion of said |
| Dated, signed and scaled this 28th day of March SHELBERT WESTERN SURETY CO | , 19 <u>89</u> _ MPANY |
| Address Claims to: WESTERN SURETY COMPANY Sioux Falls, SD 57192 89 HAR 3 BPH 3: 19 | Hresident |