



THIS POLICY NOT VALID IF PREMIUM
NOT PAID WITHIN 30 DAYS OF
EFFECTIVE DATE HEREOF.

Western Surety Company

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

FORM No. E & O-41415171

WESTERN SURETY COMPANY will pay on behalf of Letty Collins

of Rt. 2 Box 171-A Montevallo, AL 35115
(Address)

(hereinafter called the insured), all sums which the insured shall become obligated to pay by reason of liability for breach of duty while acting as a duly commissioned and sworn Notary Public, claim for which is made against the insured by reason of any negligent act, error or omission, committed or alleged to have been committed by the insured, arising out of the performance of notarial service for others in the insured's capacity as a duly commissioned and sworn Notary Public.

POLICY PERIOD: This policy applies only to negligent acts, errors or omissions which occur during the policy period and then only if claim, suit or other action arising therefrom is commenced during the policy period or within the applicable Statute of Limitations pertaining to the insured.

The Policy Period ends January 29, 1994.

LIMITS OF LIABILITY: The liability of this company shall not exceed in the aggregate for all claims under this insurance the amount of Ten thousand and no/100 (\$10,000.00) DOLLARS.
(NOT VALID IF FILLED IN FOR MORE THAN \$25,000.00)

In addition to the limit of liability and in accordance with the other provisions of this policy, this company will pay costs and expenses paid and incurred in investigating, contesting or settling liability in an amount not to exceed one-half of the limit of this policy.

EXCLUSIONS: Coverage under this policy does not apply to any dishonest, fraudulent, criminal or malicious act or omission of the insured.

CO-INSURANCE: If the insured has other insurance against a loss covered by this policy, the company shall not be liable under this policy for a greater proportion of such loss, cost and expenses than the limit of liability stated in this policy bears to the total limit of liability of all valid and collectible insurance against such loss.

CANCELLATION: This policy may be cancelled by the Company by mailing thirty (30) days written notice to the Insured and may be cancelled by the Insured by surrender thereof to the Company or any of its agents or by mailing to the Company thirty (30) days written notice and this policy shall be deemed cancelled and the Policy Period terminated upon such return or at the expiration of said thirty (30) days. A pro rata return premium shall be allowed on cancellation.

Dated, signed and sealed this 29th day of January, 1990.

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED

WESTERN SURETY COMPANY

Address Claims to:
WESTERN SURETY COMPANY
Sioux Falls, SD 57192

By

[Signature]

President

Western Surety Company
1-805-336-9850