

APPLICATION FOR APPOINTMENT AS NOTARY PUBLIC

(Please complete and return
to the office of Judge of
Probate, Jefferson County,
Alabama) Shelby County.

1569

Name: Cathy H. Dobbins
(AS REGISTERED TO VOTE) (PRINT OR TYPE)
Address: 722 Cahaba Manor Trail
Pelham Alabama
Date Registered to Vote: 9/8/87

To: George R. Reynolds, Judge of Probate,
Jefferson County, Alabama.

Dear Sir:

I hereby make application for appointment—reappointment as:

Check below:

1. Notary Public for the State at Large (☒)
2. Notary Public for Jefferson County (☐)

I am a qualified elector of Jefferson County, Alabama. I vote in Precinct 17 Box 01

Age: 38

Yours very truly,

Race: W

Cathy H. Dobbins
(SIGNATURE OF APPLICANT)

My present commission expires on the _____

day of _____, 19 _____

Social Security Number: [REDACTED]

The undersigned citizens of Jefferson County recommended Cathy H. Dobbins

_____ of 722 Cahaba Manor Tr., Pelham, Ala. 35124

as being a person of integrity and suitable to fill the office of Notary Public of this County.

Name: James A. Lambie JAMES F. Lambie
Address: 1604 4th PL N.W. - Birmingham AL 35215
Name: Kathy Johnson Kathy Johnson
Address: 536 27th Ave NE Birmingham AL 35215
Name: Frances Humphrey
Address: 8316 5th Ave No. Birmingham AL 35116

NOTE: The names of foregoing references must be signed by them individually—not in same handwriting nor filled in by applicant.

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National Guard Association of Alabama

6900 43rd Avenue North, Suite 200 • Birmingham, Alabama 35206-4164

Judge of Probate
Shelby County
P.O. Box 825
Columbiana, AL 35052

Attention: Suzanne

RE: APPLICATION FOR NOTARY PUBLIC

Dear Suzanne:

Enclosed please find application for Notary Public along with check #4281 in the amount of \$15.00 for filing fee.

I would appreciate your expediting this as soon as possible.

Yours very truly,

Cathy H. Dobbins

Cathy H. Dobbins
Executive Assistant

Policy
Issued by

The Fidelity & Casualty Company of
New York

A Stock
Company
15

Policy No.

BNP 000 57 71

Producer's
Name and
Address

Jackson Insurance Agency, Inc.,
215 North 21st Street, Suite 711
Birmingham, AL 35203

General Offices

180 Maiden Lane, NY, NY 10038

Producer's Code

Renewal of

73001224

BND 222 16 12

Named
Insured
Mailing
Address

National Guard Association of
Alabama, Association Fund
6900-43rd Avenue, No.-Suite 100
Birmingham, Alabama 35206-4123

Policy
Period

From 6/8/90 to 6/8/93 at
12:01 A.M. Standard Time at your mailing address shown above.

Common Policy Declarations
Commercial Lines Policy

Business Description:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS
POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	\$
Boiler and Machinery Coverage Part	\$
Commercial Inland Marine Coverage Part	\$
Commercial Crime Coverage Part	\$ 393.00
Commercial Auto Coverage Part	\$
Commercial General Liability Coverage Part	\$
Farm Coverage Part	\$
Additional Coverage Part(s)	\$
	\$
	\$
	\$
	\$
	\$
Premium for this policy	\$ 393.00
Add for attached companion policies	\$
Total premium	\$ 393.00

Premium shown is payable: \$ 131.00 at inception; \$ 131.00 each anniversary

Any premium shown in the Declarations for a Policy Period extending beyond one year was computed
based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of
the effective date of this policy, we will compute the premium for each Coverage Part in accordance with
our rates and rules then in effect. Exceptions, if any, are:

Audit required for: ☐ GL ☐ Auto ☐ Inland Marine ☐ Other
Annual or ☐

Form(s) and Endorsement(s) applicable to all Coverage Parts and made a part of this policy at time of issue

SDEC9, IL0017, CC175, CR1000

COUNTERSIGNED

6/12/90
(Date)

BY

Ivey Jackson
(Authorized Representative)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART
DECLARATIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO
FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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Commercial Crime
Coverage Part Declarations

Policy No. BNP 000 57 71

Coverage, Limits of Insurance and Deductible

Coverage Form(s) Forming Part of This Coverage Part	Limit of Insurance	Deductible Amount	Annual Install. Premium
Coverage Form A-Blanket	\$50,000.	\$500.00	\$131.00

Total \$ 131.00

Forms and Endorsements

Form(s) and Endorsement(s) applicable to this Coverage Part and made a part of this policy at time of issue:

SDEC2, CR0001

Cancellation of Prior Insurance: By acceptance of this Coverage Part you give us notice cancelling prior policy or bond No(s)
BND 222 16 12
the cancellation to be effective at the time this Coverage Part becomes effective.

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