

NOC0001-AL (2/94)

9025 N. Lindbergh Dr. • Peoria, IL 61615 (309) 692-1000 or (800) 645-2402

NOTARY BOND - Alabama -

Bond No. NOC-827931

	_ Dona No.	1100 0277
THE STATE OF ALABAMA		
County of Shelby	09/16/1994-28433 09/16/1994-28433 03:38 PM CERTIFIED	
KNOW ALL MEN BY THESE PRESENTS:	SHELBY COUNTY JUDGE OF PROBATE 001 SNA 17.00	
That we Phyllis H Kollars Insurance Company, a corporation duly licensed to bound unto the State of Alabama in the sum of Tentruly to be made and done, we bind ourselves, our presents, and we hereby waive our right to claim p	do business in the State of Alabama, as S Thousand Dollars (\$10,000), for the pa ir heirs, executors, administrators and	assigns, firmly by these
Sealed with our seals, and dated this16	day of <u>September</u>	, 19 <u>_94</u> .
WHEREAS, the above-named Principal has been	duly appointed Notary 1 done	e At Large
(State at Large or county) beginning the <u>16</u> _	day of <u>September</u>	, 19 <u>94</u> ; for the term
of four years in Precinct No	in and for said County.	
NOW, THEREFORE, the condition of this bond is to the office of Notary Public during his/her continual it shall remain in full force and effect. Countersigned By Lobect Vall Alabama Resident Agent P 0 Box 885 Columbiana AL 35051 Address Approved and filed this day of	Presid	(L.S.) pal Mukael (L.S.)
SEAL	Judge of H	robate
THE STATE OF ALABAMA. County of Shelby	OATH OF OF	FICE
I, Phyllis H Kollars tution of the United States and the Constitution of that I will faithfully and honestly discharge the omy ability, so help me God.	of the State of Alabama, so long as I conti	I will support the Consti- nue a citizen thereof; and out to enter, to the best of
Subscribed and sworn to before me this16	Mylis H Pri	Heland

RLI Insurance Company

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1-309-692-1000



Name of Insured:

Item 1.

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

Policy No. NOC- 827931

Inst # 1994-28433

Item	1.	Name of Insured:	Phyllis H Ko	llars	28433			
		Principal Address	3029 Riverwo Birmingham A	09/16/19 od 073 PM count L 35/242 COUNT 001 SM	994-28433 CERTIFIED JUDGE OF PROBATE 17.00	(the "Insured")		
Item	2.	Policy Period: This pand then only if claim applicable Statute of	m, suit or other ac	tion arising there	from is commence			
		The Policy Period re	uns concurrently	with the Insured	's commission wh	ich ends <u>Septembe</u>	r, 16,	
Item	3,	Limits of Liability:	The liability of t	his Company sh	all not exceed in	the aggregate for a	ll claims under this	
		insurance the amou	int of	Five Thousand	L Doll	ars (\$ <u>5,000</u>).	
	RLI i oblig clain have	JRING AGREEMENT Insurance Company Sated to pay by reason In for which is made a been committed by the duly commissioned a	(the "Company") volue of liability for breading the Insured arising the Insured arising	each of duty while I by reason of any lout of the perform	e acting as a duly c negligent act, err	commissioned and some or or omission, com	worn Notary Public mitted or alleged to	
		LUSIONS crage under this polic red.	cy does not apply	to any dishonest	, fraudulent, crimi	inal or malicious ac	t or omission of th	
	If the	INSURANCE he Insured has other insurance against a loss covered by this Policy, the Company shall not be liable under this Policy a greater proportion of such loss, cost and expenses than the limit of liability stated in this Policy bears to the tota it of liability of all valid and collectible insurance against such loss.						
IV.	This cand (30) or at	CELLATION Policy may be cance elled by the Insured ladys written notice at the expiration of saferage in excess of \$5,0	by surrender there and this Policy sha id thirty (30) days	eof to the Compa II be deemed can . A pro rata retu	ny or any of its age celled and the Pol rn premium shall	nts or by mailing to icy Period terminate be allowed on canc	the Company thirt ed upon such retur	
V.	In ac	PLEMENTAL PAYM Idition to the applical pay costs and expense to exceed one-half of	ble Limits of Liabils paid and incurred	d in investigating	, contesting or sett	tling liability of the I		
Date	ed th	is16	day of Septem	ber	, 19 <mark>94</mark>	. SEAJ		
Cou	nters	signed		RLI INSURAN	CE COMPANY			
Ву (Resi	dent Agent	Sacher	Бу	g proces	Mulace tive Vice President)	

Address Claims to: RLI Insurance Company, Claims Department, 9025 North Lindbergh Drive, Peoria, Illinois 61615