

NOC0001-AL (2/94)

 $\sim\sim\sim\sim\sim\sim$

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

NOTARY BOND

– Alabama –

Inst BondsbessMOC- 830276 THE STATE OF ALABAMA 11/09/1995-32513 County of ____Shelby_____ 11:23 AM CERTIFIED SHELBY COUNTY JUBGE OF PROBATE KNOW ALL MEN BY THESE PRESENTS: 002 NCD - 17.00 ___ , as Principal, and RLI That we _____Jennifer Head Insurance Company, a corporation duly licensed to do business in the State of Alabama, as Surety, are held and firmly bound unto the State of Alabama in the sum of Ten Thousand Dollars (\$10,000), for the payment of which well and truly to be made and done, we bind ourselves, our heirs, executors, administrators and assigns, firmly by these presents, and we hereby waive our right to claim personal property exempt under the laws of Alabama. Sealed with our seals, and dated this $\underline{}$ 9th $\underline{}$ day of $\underline{}$ November $\underline{}$, 19 $\underline{}$ 95 $\underline{}$. WHEREAS, the above-named Principal has been duly appointed Notary Public ______ (State at Large or county) beginning the 9th day of November ______, 19_{95} ; for the term of four years in Precinct No. State At Large in and for said County. NOW, THEREFORE, the condition of this bond is that if the named Principal shall faithfully discharge the duties of the office of Notary Public during his/her continuance therein, then this obligation shall be null and void; otherwise, it shall remain in full force and effect. Countersigned **Principal RLI Insurance Company** Alabama Resident Agent 35051 Columbiana AL P 0 Box 885 Address Dovember Approved and filed this _____ Vatricia Grager Liksmuster Judge of Probate Ву THE STATE OF ALABAMA OATH OF OFFICE Shelby County of ___ , do solemnly swear that I will support the Consti-Jennifer Head tution of the United States and the Constitution of the State of Alabama, so long as I continue a citizen thereof; and that I will faithfully and honestly discharge the duties of the office upon which I am about to enter, to the best of my ability, so help me God. Subscribed and sworn to before me this 9th day of ______, November _____, 19_95 Principal Notary Public

RLI Insurance Company

Page 1 of 3 pages

1-309-692-1000



Name of Insured:

Item 1.

Jennifer Head

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

Policy No. NOC- 830276

North Mobergh Drive, Peoria, Illinois 61615

Page 3 of 3 pages

17.00

1	Principal Address	204 E Sterreti Columbiana Al		(the "Ir	nsured")	
tem 2.	Policy Period: This police and then only if claim, so applicable Statute of Lin	uit or other action arisi	ng therefrom is co			
	The Policy Period runs 1999 .	concurrently with the	Insured's commiss	ion which ends _	November 9	,
RLI l oblig clain have	Limits of Liability: The insurance the amount of the insurance Company (the lated to pay by reason of lated to make a gain been committed by the Indeed to the Indeed by Indeed	"Company") will pay o iability for breach of du st the Insured by reaso sured, arising out of the	nousand n behalf of the Ins ity while acting as n of any negligent	Dollars (\$5 ured, all sums whi a duly commission act, error or omiss	ich the Insured shall b ned and sworn Notary sion, committed or all	ecome Public, eged to
. EXC	duly commissioned and s LUSIONS trage under this policy do red.		shonest, fraudulen	t, criminal or ma!	licious act or omission	1 of the
If the	NSURANCE Insured has other insura greater proportion of suc of liability of all valid an	ch loss, cost and expens	ses than the limit o	of liability stated in		_
This canc (30) or at	CELLATION Policy may be cancelled elled by the Insured by sudays written notice and the the expiration of said thrage in excess of \$5,000 and the expiration of said through the expiration of said through the excess of \$5,000 and the excess of \$5,	irrender thereof to the his Policy shall be deer irty (30) days. A pro ra	Company or any oned cancelled and ata return premius	f its agents or by m the Policy Period (m shall be allowed	nailing to the Company terminated upon such	y thirty return
In ad	PLEMENTAL PAYMENT Idition to the applicable L bay costs and expenses pai to exceed one-half of the	imits of Liability and in dandincurred in inves	tigating, contestin	g or settling liabilit	ty of the Insured in an a	
ated thi	s <u>9th</u> day	y ofNovembe	<u>r</u> , 19	95	SEAL SEAL	
ounters	igned	RLI IN	SURANCE COMPA	NY THUE	All Carlos	
Resid	lent Agent	By Jor	When Edmichael,	Executive Vice Pr	resident	
			11/09/1995	32513	•	

Address Claims to: RLI Insurance Company, Claims Department, 902

NOC0001-AL (2/94)