

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

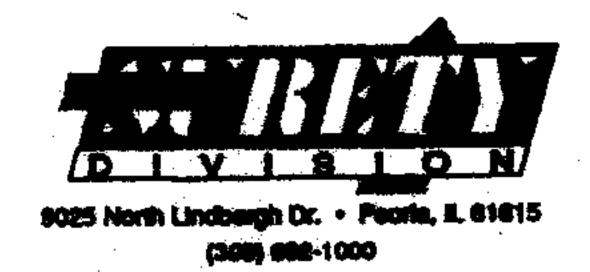
## **NOTARY BOND** - Alabama -

## Bond No. NOC- 831079 THE STATE OF ALABAMA County of Shelby KNOW ALL MEN BY THESE PRESENTS: That we Shanda Dee Schroeder \_\_\_\_\_, , as Principal, and RLI 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 3rd day of September, 1998. WHEREAS, the above-named Principal has been duly appointed Notary Public State at Large (State at Large or county) beginning the 29th day of September, 19 98; for the term of four years in Precinct No $\times 360 \times 1$ 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 P.O. Box 947 Alabaster, Al. 35007 Address President Approved and filed this THE STATE OF ALABAM OATH OF OFFICE She1by William County of I. Shanda Dee Schroeder , do sofemany swear that I will support the Constitution 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. Principal otary Public MY COMMISSION EXPIRES AUGUST 16, 2001

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**RLI Insurance Company** 1-309-692-1000

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is hereby mutually agreed and understo	od by the Principa	i, <u>Shan</u> c	la Dee Schroeder	
and District on Company that the	name and	address		
nd RLI insurance Company that the	Hame and	(identify item(s) to be changed)		
on this bond has/have been changed to	the following:		•	
Shanda S. Holder			•	
154 Forrest Downs Calera, Al. 35040	4	•		
		· .		
		•	•	
	•	•	-	
Nothing contained herein shall vary, except as set forth above.	alter, waive or ext	end any of the t	erms, limits, or conditions of the bond,	
This Rider becomes effective on the second one minute		day of _	<u>September</u> .	
. Signed this <u>11th</u> day of	S <u>eptember</u> ,	19 9 <u>8                                   </u>	' •	
		RLI INSURA	NCE COMPANY	
		By.	nett Elleichel	
		<sup>0</sup> , <del>/</del>	Jonethan E. Michael	



## NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

Policy No. NOC- 831079

Inst + 1998-39813

10/12/1998-39813

Name of Insured: Shanda Dee Schroeder Item 1.

GE:57 PH CERTIFIED BHELDY COUNTY MOCE OF PRODATE 17.60 (the "Insured")

Principal Address P.O. Box 180

35040 Calera, Al.

Policy Period: This policy applies only to negligent acts, errors or omissions which occur during the policy period Item 2. 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 runs concurrently with the Insured's commission which ends 9-29-2002 19\_\_\_\_\_.

Limits of Liability: The liability of this Company shall not exceed in the aggregate for all claims under this Item 3. insurance the amount of Five Thousand Dollars (\$\_5,000\_\_).

## INSURING AGREEMENT

RLI Insurance Company (the "Company") will pay on behalf of 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.

**EXCLUSIONS** 

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

III. COINSURANCE

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 for limits of coverage in excess of \$5,000 and for which an additional premium has been paid.

SUPPLEMENTAL PAYMENTS

In addition to the applicable Limits of Liability and in accordance with the other provisions of this Policy, the Company will pay costs and expenses paid and incurred in investigating, contesting or settling liability of the Insured in an amount not to exceed one-half of the Limits of Liability of this Policy with respect to the Insured.

day of September Dated this

Countersigned

RLI INSURANCE COMPANY

enth EMilack Jonathan E. Michael, Executive Vice President

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

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