

**Auto-Owners**  
**INSURANCE**  
LIFE • HOME • CAR • BUSINESS

Bond Number: 66328888

**NOTARY BOND**

THE STATE OF ALABAMA

Shelby County

KNOW ALL MEN BY THESE PRESENTS:

That we, ANITA J PERRY, as Principal and Auto-Owners 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 Twenty-Five Thousand Dollars (\$25,000.00), 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 the 12th day of June, 2019.

The condition of the above obligation, that whereas, the above bound ANITA J PERRY was duly appointed to the office of Notary Public for the state of Alabama at large on the 13th day of June, 2019, for the term of four years from the date of notary commission, in and for said County. EXP-2 6-13-23

Now, if said Principal shall faithfully perform and discharge all the duties of said office during his continuance therein then the above obligation to be void, otherwise to remain in full force and effect.



Anita J. Perry (L.S.)  
ANITA J PERRY Principal

\_\_\_\_ (L.S.)  
Principal

Countersigned

By Sheik H. Gurf  
Alabama Resident Agent  
113 N MAIN ST  
COLUMBIANA, AL 35051-5359  
Address

By Paul D. Oppenlander  
Paul D. Oppenlander Attorney-In-Fact

Alex S. Beryl

Taken and approved this 13th day of June, 2019.

Approving Officer

THE STATE OF ALABAMA

Shelby County

**OATH OF OFFICE**

I, ANITA J PERRY, solemnly 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.

Subscribed and sworn before me this 13 day of June, 2019.

Sheik H. Gurf  
Notary Public

Anita J. Perry  
ANITA J PERRY Principal

9/10/20

# Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

## NOTARY PUBLIC ERRORS AND OMISSIONS LIABILITY INSURANCE INDIVIDUAL POLICY



20190613000208930 2/4 \$36.00  
Shelby Cnty Judge of Probate, AL  
06/13/2019 12:13:28 PM FILED/CERT

### DECLARATIONS

Agency Name: RUX CARTER INSURANCE AGENCY INC

Agency Code: 17-0015-00

Policy Number 66328888

Insured ANITA J PERRY

Street 1201 SAVANNAH LN

City & State CALERA, AL 35040-5413

Date of Issue 06/12/2019

#### Policy Term:

From 12:01 A.M. 06/13/2019

To 12:01 A.M. 06/13/2023

#### Limit of Liability

☒ \$7,500

☐ \$10,000

Countersigned by

Authorized Agent

**INSURING AGREEMENT** Auto-Owners Insurance Company (the "Company") will pay all sums the Insured becomes legally obligated to pay because of breach of duty while acting as a duly commissioned and sworn notary public. Claim or suit must be made against the Insured because of a negligent act, error or omission committed or alleged to have been committed by the Insured in the performance of notarial services for others as a duly commissioned and sworn notary public. The error or omission must occur during the policy term and the claim or suit made within four years after the end of the policy period and within the state in which this policy is issued. The Company will defend any claim or suit for damages covered by this policy. The Company will do this at its own expense, using attorneys of its choice. This agreement to defend claims or suits ends when the Company has paid the limit of its liability.

**ADDITIONAL INSURED.** An employer of the Insured is an Insured under this policy, but only with respect to notary services rendered or which should have been rendered on behalf of such employer by the Insured. Coverage does not apply to any negligent act, error or omission brought about by, caused by or contributed to by the employer or any of the employer's partners or employees other than the Insured. This provision shall not increase the Company's Limit of Liability shown in the Declarations.

**PERSONS INSURED** The word "Insured" means the individual named in the Declarations.

**EXCLUSIONS** This policy does not apply to:

Any dishonest, fraudulent, criminal or malicious act committed by an Insured or any of an Insured's employer, partners or employees.

**LIMIT OF LIABILITY** The Company will pay damages for any one occurrence up to the Limit of Liability stated in the Declarations.

In addition to the Limit of Liability stated in the Declarations, the Company will pay:

- A. Costs and expenses the Company incurs in investigating, contesting or settling any claim or suit not to exceed one-half of the Limit of Liability shown in the Declarations.



- B. All interest on the full amount of any judgment that accrues after entry of the judgment and before the Company has paid, offered to pay, or deposited in court the part of the judgment that is within the Limit of Liability stated in the Declarations.

**THE INSURED'S CONSENT TO SETTLEMENT** The Company will not settle any claim without the Insured's consent. If the Insured refuses to consent to any settlement recommended by the Company, and contests or continues legal proceedings, then the Company's payment for the claim will not exceed the amount of settlement recommended by the Company plus the Insured's costs and expenses incurred with the Company's consent up to the date of the Insured's refusal.

**WHAT TO DO IN CASE OF LOSS** In the event of claim or suit the Insured must notify the Company or its agency as soon as possible. The notice must give the Insured's name and policy number; the time, place and circumstances of the loss. The Insured must promptly send the Company any legal papers received relating to any claim or suit; and cooperate with the Company and assist the Company in any matter relating to a claim or suit. The Insured will not, except at the Insured's own costs, admit any liability, voluntarily make any payment, assume any obligation or incur any expenses without the Company's written consent.

**OTHER INSURANCE** If both this and other insurance apply to a loss, the Company will pay only its share. The Company's share will be the ratio of this insurance to the total amount of all insurance which applies. The Company's share shall not exceed the Limit of Liability stated in the Declarations.

**CONCEALMENT OR FRAUD** This entire policy is void if, whether before, during or after a loss, the Insured has: intentionally concealed or misrepresented any material fact or circumstance; engaged in fraudulent conduct; or made false statements; relating to this insurance.

**ASSIGNMENT** Interest in this policy may not be transferred without the Company's written consent.

**CANCELLATION** The Insured may cancel this policy by mailing or delivering to the Company, advance written notice of the date the Insured would like the cancellation to take effect. The Company may cancel this policy by mailing written notice of cancellation to the Insured at the Insured's last address known to the Company at least 30 days prior to the effective date of cancellation. If the law of your state requires any longer notice period or any special form or procedure for giving notice, we will comply with those requirements.

**BANKRUPTCY** The Company is not relieved of any obligation under this policy because of the bankruptcy or insolvency of the Insured.

**SUIT AGAINST THE COMPANY** Suit may not be brought against the Company unless there is full compliance with all the terms of this policy and until the obligation of the Insured to pay is finally determined either by judgment against an Insured after actual trial or written agreement of the Insured, the claimant and the Company.

**CHANGES** This policy and the Declarations include all the agreements between the Insured and the Company or its agency relating to this insurance. No change or waiver may be effected in this policy except by endorsement issued by the Company.

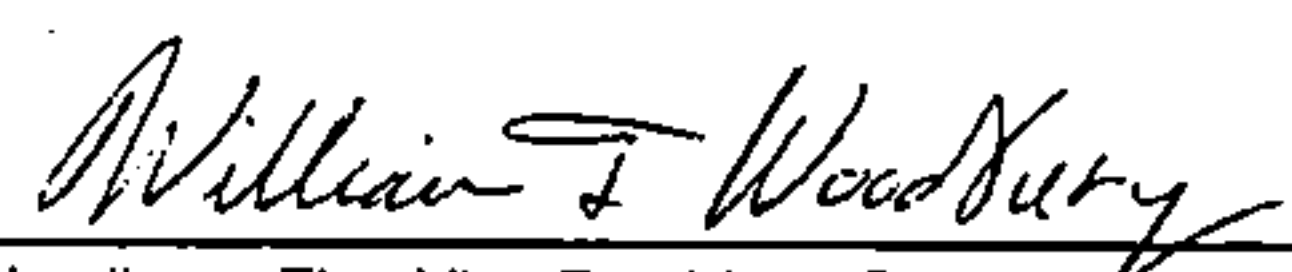
**POLICY PERIOD** This policy applies only to negligent acts, errors or omissions which happen during the policy period as shown in the Declarations.

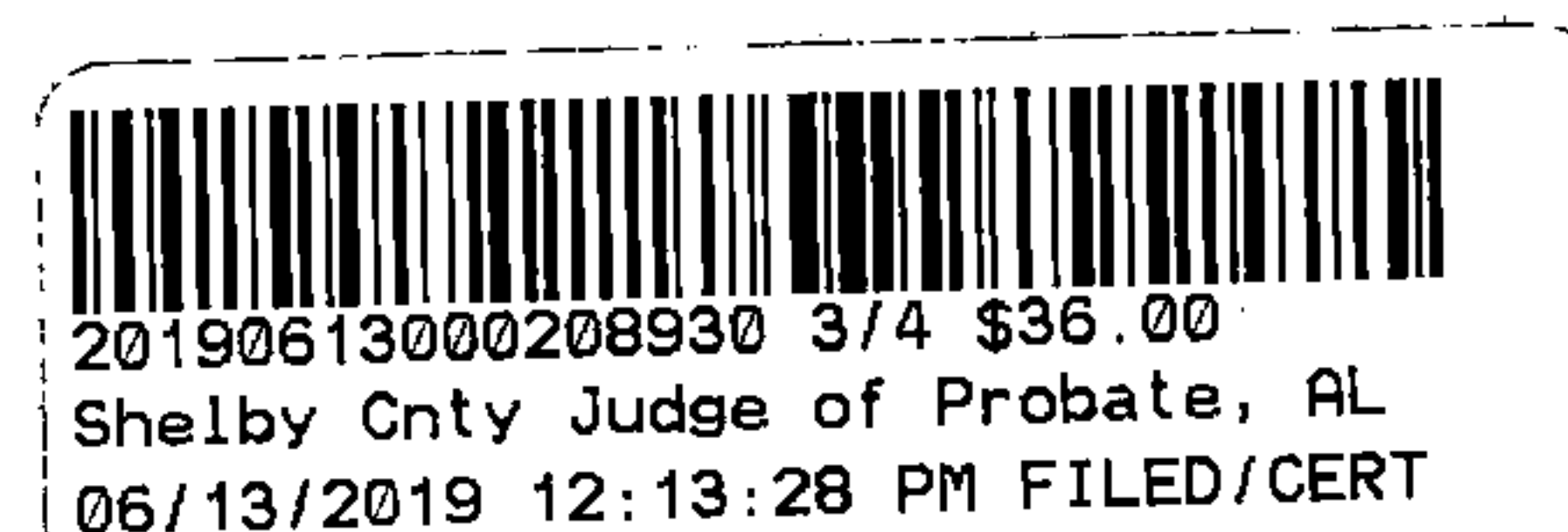
## NOTICE OF MEMBERSHIP AND ANNUAL MEETING

The Insured is notified that by virtue of this policy he or she is a member of the Auto-Owners Insurance Company and is entitled to vote, in person or by proxy, at all meetings of the Company. The annual meetings of the Company are held at its home office at Lansing, Michigan on the second Monday in May in each year at 10:00 A.M.

In witness whereof, the Auto-Owners Insurance Company, has caused this policy to be issued and to be duly signed by our President and Secretary.

  
Daniel J. Thelen, President

  
William F. Woodbury, First Vice President, Secretary and General Counsel



DATE AND ATTACH TO ORIGINAL BOND  
**AUTO-OWNERS INSURANCE COMPANY**

LANSING, MICHIGAN  
POWER OF ATTORNEY

NO. 66328888

KNOW ALL MEN BY THESE PRESENTS: That the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, a Michigan Corporation, having its principal office at Lansing, County of Eaton, State of Michigan, adopted the following Resolution by the directors of the Company on January 27, 1971, to wit:

"RESOLVED, That the President or any Vice President or Secretary or Assistant Secretary of the Company shall have the power and authority to appoint Attorneys-in-fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity, and other writings obligatory in the nature thereof. Signatures of officers and seal of Company imprinted on such powers of attorney by facsimile shall have same force and effect as if manually affixed. Said officers may at any time remove and revoke the authority of any such appointee."

Does hereby constitute and appoint Paul D. Oppenlander

its true and lawful attorney(s)-in-fact, to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and the execution of such instrument(s) shall be as binding upon the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal office.

IN WITNESS WHEREOF, the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, has caused this to be signed by its authorized officer this 1st day of August, 2016.

*Denise Williams*

Denise Williams

Senior Vice President

STATE OF MICHIGAN } ss.  
COUNTY OF EATON }

On this 1st day of August, 2016, before me personally came Denise Williams, to me known, who being duly sworn, did depose and say that they are Denise Williams, Senior Vice President of AUTO-OWNERS INSURANCE COMPANY, the corporation described in and which executed the above instrument, that they know the seal of said corporation, that the seal affixed to said instrument is such Corporate Seal, and that they received said instrument on behalf of the corporation by authority of their office pursuant to a Resolution of the Board of Directors of said corporation.



My commission expires March 10, 2022

*Susan E. Theisen*

Susan E. Theisen

Notary Public

STATE OF MICHIGAN } ss.  
COUNTY OF EATON }

I, the undersigned First Vice President, Secretary and General Counsel of AUTO-OWNERS INSURANCE COMPANY, do hereby certify that the authority to issue a power of attorney as outlined in the above board of directors resolution remains in full force and effect as written and has not been revoked and the resolution as set forth is now in force.

Signed and sealed at Lansing, Michigan. Dated this 12th day of June, 2019



*William F. Woodbury*

William F. Woodbury, First Vice President, Secretary and General Counsel



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