



1<sup>ST</sup> STATE INSURANCE & NOTARY  
 42 N. HOMESTEAD BLVD  
 HOMESTEAD, FL 33030  
 TEL.786.243.9886  
[www.FloridaNotaryNow.com](http://www.FloridaNotaryNow.com)  
[service@stonerins.com](mailto:service@stonerins.com)

NOTARY NAME: \_\_\_\_\_ COMMISSION ID: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTARY ITEMS MAKE YOUR NOTARY SERVICE SHINE!				
<b>RECTANGULAR STAMP</b>  <b>24.00</b>	<b>ROUND STAMP</b>  <b>29.00</b>	<b>HAND HELD EMBOSSER</b>  <b>36.00</b>	<b>JURAT OATH/ AFFIRMATION</b>  <b>36.00</b>	<b>JURAT ACKNOWLEDGEMENT</b>  <b>36.00</b>

NOTARY ERRORS & OMISSIONS INSURANCE				
COVERAGE OPTIONS	TERM	PREMIUM	✓	
5,000	4YRS	14.00		
10,000	4YRS	40.00		
30,000	4YRS	74.00		
NOTARY ITEMS		PRICE EACH	✓	
Self-Inking Rectangular Stamp		24.00		
Self-Inking Round Stamp		29.00		
Hand Held Embosser		36.00		
Jurat Stamp (Oath / Affirmation)		36.00		
Jurat Stamp ( Acknowledgement)		36.00		
Duplicate Notary Certificate		15.00		
<b>ADD YOUR TOTAL PURCHASE HERE:</b>				
<b>STANDARD S/H INCLUDED. PLEASE ALLOW APPROXIMATELY 2 WEEKS</b>				<b>\$</b>

PLEASE COMPLETE

(\*\*Transaction Fee 3% + .45 for CC charges will be added)

PAYMENT OPTIONS				
<b>Check or M.O. PAYABLE TO 1<sup>ST</sup> STATE INSURANCE</b>		<input type="checkbox"/> MC	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX
CARD HOLDER NAME:		NOTARY NAME:		
TEL:		EMAIL ADDRESS:		
CC#		EXP Date:		
BILLING ADDRESS:		CITY:	ST:	ZIP:
SHIPPING ADDRESS:		CITY:	ST:	ZIP:
AUTHORIZED CARD HOLDER SIGNATURE: <b>X</b>			DATE:	

**FAX. 786.551.0110**