Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Policy No. 100122079



MERCHANTS BONDING COMPANY (MUTUAL) P.O. BOX 14498, DES MOINES, IA 50306-3498 (800) 876-6827 (800) 833-1211

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

	Premium:	\$30.00
COVERAGE: MERCHANTS BONDING COMPANY (MUTUAL) ("the Compa KATHRYN L BURKE-ROSALES of I	ny") will pay on b ROCK CREEK, OF	
"the Insured"), all sums, subject to the Limit of Liability stated below, which the pay by reason of liability for breach of duty while acting as a duly commissioned which is made against the Insured by reason of any negligent act, error or on the committed by the Insured, arising out of the performance of notarial services a duly commissioned and sworn Notary Public. The Company will also pay of Limit of Liability stated below, costs and expenses incurred in investigating, defearising from any negligent act, error or omission, committed or alleged to have be bout of the performance of notarial service for others in the Insured's capacity Notary Public.	ne Insured shall be and sworn No nission, committe ce for others in the on behalf of the In ending or settling been committed by	decome obligated to tary Public, claim for d or alleged to have ne Insured's capacity issured, subject to the the Insured's liability by the Insured, arising
POLICY PERIOD: This policy applies only to negligent acts, errors or or period and then only if claim, suit or other action arising therefrom is comme imitations pertaining to the Insured. The Policy Period is effective on	enced within the	applicable statute of
LIMIT OF LIABILITY: The liability of the Company shall not exceed in the expenses under this policy the amount of Twenty Five Thousand Dollars (NOT VALID IF FILLED IN FOR MORE THAN)	(_\$2	
THIS LIMIT OF LIABILITY INCLUDES COSTS AND EXPENSES INCURRED INSETTLING LIABILITY. ONCE THE LIMIT OF LIABILITY STATED ABOVE HAS BEED FACLAIM OR CLAIMS, OR BY PAYMENT OF COSTS AND EXPENSES, THE FURTHER DUTY TO DEFEND OR INDEMNIFY THE INSURED UNDER THIS PO	I INVESTIGATING N PAID, WHETHE	R BY SETTLEMENT
SETTLEMENT: The Company, in the Insured's name and behalf, shall settlement of any claim, suit, or other action, as the Company deems expedient.		ive right to make any
CONDITIONS PRECEDENT: As a condition precedent to the right of inde	emnification or de	fense hereunder, the

EXCLUSIONS: Coverage under this policy as described in the COVERAGE section of the policy above does not apply to any acts of or allegations of (i) dishonest, fraudulent, criminal, libelous, slanderous or malicious act or omission of the Insured; (ii) willful or intentional disregard of the law; (iii) bodily injury to, or sickness, disease or death of any person, including but not limited to, emotional or mental distress and related conditions; (iv) injury to or destruction of any tangible property, including the loss of use thereof; (v) fines or penalties imposed by law on the Insured; or (vi) punitive, treble, exemplary or similarly categorized damages, including fines and penalties.

Insured shall mail or deliver to the Company within ten (10) days after notice or knowledge of a claim or possible claim against the Insured copies of any written notice thereof and a complete description of the facts and circumstances alleged to give rise to such claim. Bankruptcy or insolvency of the Insured shall not release the Company or its liability

hereunder.

CO-INSURANCE: 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 than the limit of liability stated in this policy bears to the limit of liability of all other insurance against such loss.

SUBROGATION: In the event of any payment for any loss under this insurance, the Company shall be subrogated to all of the Insured's rights of recovery thereafter against any person or organization and the Insured shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights to the Company. The Insured shall do nothing after loss to prejudice such rights.

CANCELLATION: This policy may be cancelled by the Insured by surrender hereof to the Company or any of its authorized agents or by mailing to the Company written notice stating when thereafter the cancellation shall be effective. If this policy has been in effect for less than 90 days, we may cancel this policy for nonpayment of premium by giving 10 days advance written notice, or we may cancel for any other reason by giving 30 days advance written notice. If this policy has been in effect for 90 days or more, we may cancel only for one or more of the following reasons: (a) nonpayment of premium; (b) fraud or material misrepresentation on the application or in presenting a claim; (c) if the Company discovers moral hazard or willful or reckless acts by the insured that increase any hazard insured against; (d) the occurrence of a change in the individual risk which substantially increases any hazard insured against after insurance coverage has been issued or renewed, except to the extent the Company reasonably should have foreseen the change or contemplated the risk in writing the contract: (e) loss of applicable reinsurance or a substantial decrease in applicable reinsurance, if the superintendent has determined that reasonable efforts have been made to prevent the loss of, or substantial decrease in, the applicable reinsurance, or to obtain replacement coverage; (f) if the Commissioner determines that to continue the policy would be hazardous to policyholders or the public; (g) if the insured does not correct safety code violations, or comply with written loss control recommendations. If this policy is cancelled for reason (a) above, we will provide written notice to the Insured at least 10 days before the effective date of cancellation. If this policy is cancelled for reasons (b) through (g) above, we will provide written notice to the Insured at least 30 days before the effective date of cancellation. The reason for cancellation shall be stated on the notice.

The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice either by the Insured or by the Company shall be equivalent to mailing. The time of surrender or the effective date and hour of cancellation stated in the notice shall become the end of the policy period. If the Insured or the Company cancels, return premium shall be computed pro rata.

NONRENEWAL: The Company may refuse to renew this policy by delivering or mailing written notice of nonrenewal to the agent of record and the Insured at least 30 days prior to the expiration date of this policy. If such notice is not timely mailed, coverage hereunder shall remain in effect until 30 days after the date the notice is mailed, unless the Insured notifies the Company in writing that the Insured accepts the nonrenewal as stated. The company will notify the Insured of the amount of premium due for any such extension of coverage past the expiration date and the Insured must pay such premium or accept the stated nonrenewal. The premium for any such extension of coverage is calculated using the rates applicable to the Insured's original coverage.

EFFECTIVE DATE: _____ June 18, 2023 _____ EXPIRATION DATE: ___ June 18, 2024

SOUDING COMPONIES CHANTS CHANTS (MALE CHANTS) 1933

MERCHANTS BONDING COMPANY (Mutual)

Larry Taylor, President