

CERTIFICATION OF INSURANCE COVERAGE FOR NOTARY PUBLIC
WEST VIRGINIA SECRETARY OF STATE'S OFFICE

Name of Insured/Applicant: _____

Address of Insured/Applicant : _____

Name of Insurance Provider: _____

Address of Insurance Provider: _____

Policy Number: _____

Policy Commencement Date: _____

Policy Termination Date: _____

Type of Policy (Check all applicable)

Professional Liability Policy

Errors and Omissions Policy

Commercial General Liability Policy

Other: _____

By signing below, the above named insurance provider hereby certifies that _____, (name of insured) has at least one-thousand dollars (\$1,000.00) of coverage for all notarial acts for the time period named above, as required by West Virginia Code § 39-4-20(d)(2014).

Signature of Insurance Provider:

Title: _____

Date: _____



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