# Form 2301—General Information (Application for Appointment as Texas Notary Public)

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant code provisions. *This form and the information provided are not substitutes for the advice and services of an attorney.* 

### Commentary

Notaries Public are governed primarily by Chapter 406 of the Texas Government Code, Chapter 121 of the Texas Civil Practice & Remedies Code, and the Secretary of state's administrative rules found in Title 1, Chapter 87 of the Texas Administrative Code. Section 406.005 of the Government Code sets forth the requirements for a notary public application.

Notary commissions are effective as of the date of qualification of the applicant. Commissions expire four (4) years from the date of issuance and may be renewed by filing an application for renewal no earlier than 90 days before expiration. *This form is required for both new applications and renewals for Texas residents who are not employed by the state of Texas.* State employees should complete Form 2301-NB, available from the State Office of Risk Management. Escrow officers residing in adjacent states should complete Form 2301-E.

#### **Instructions for Form**

**Identifying Information:** You must enter your name exactly as you intend to sign documents as a notary public. Your commission will be issued in the name on the application.

The disclosure of your social security number is mandatory under § 406.005(a), Government Code. It will be used only to maintain the accuracy of the Secretary of state's records. The Secretary of state will redact the social security number prior to providing a copy of this form in response to a public information request and will disclose the number only when required by law.

A document on file with the Secretary of state is a public record subject to public access and disclosure. When providing address information, use a business or post office box address rather than a residence if privacy concerns are an issue.

Provide your email address for electronic return of your commission. You will not receive materials by mail and the Office of the Secretary of state may use your email address to send correspondence.

Statements Relating To Qualification: By signing the application, the applicant swears to meeting the qualification requirements for the office of a notary public. A notary public must be at least 18 years of age, be a legal resident of Texas, and not have a final conviction for a felony or a crime involving moral turpitude.

When reporting criminal history on this form, you must disclose findings of guilt, or pleas of guilty or nolo contendere from any jurisdiction, including state and federal courts, military tribunals, and jurisdictions outside the U.S., regardless of whether the case has been appealed. Class C misdemeanors need not be disclosed. If you are unsure of the class of a crime or whether you were found guilty, disclose the crime and explain the circumstances.

Applications are subject to background investigations. If a background investigation reveals any crimes (other than a Class C misdemeanor) that you failed to disclose on your application, denial or revocation of your notary commission may result.

**Notary Public Surety Bond:** A notary public must secure a \$10,000 surety bond. An authorized person for the surety company providing the bond must sign in the space provided. To obtain the signature, take the form to an insurance agency or bonding company for completion, unless it is preprinted with the name and address of an insurance agency/surety company. If it is preprinted, return it to the agency specified on the bond for completion. Only a bond written by a company licensed in Texas to issue fidelity and surety bonds will be accepted.

A premium will be collected by the company from which you purchase the bond. Check with the surety company for the premium rate.

**Attachments:** The following items *must* be included with the application: (1) attachments regarding criminal convictions, if any; and (2) filing fee of \$21. All applications submitted are subject to background checks upon receipt in our office.

**Payment and Delivery Instructions:** The filing fee for a new or renewal application is **\$21.** Fees may be paid by personal checks, money orders, LegalEase debit cards or American Express, Discover, MasterCard, and Visa credit cards. Checks or money orders must be payable to the Secretary of state through a U.S. bank or financial institution. Fees paid by credit card are subject to a statutorily authorized convenience fee of 2.7 percent of the total fees.

The completed form, along with the filing fee and any attachments, may be mailed to the Notary Public Unit, P.O. Box 13375, Austin, Texas 78711-3375 or delivered to the James Earl Rudder Office Building, 1019 Brazos, Austin, Texas 78701. The Secretary of state will issue a notary commission upon filing of a completed, qualified application.

Form 2301 1 Revised 04/2013



If renewing, mark this box:	APPLICATION FOR APPOINTMENT AS TEXAS NOTARY PUBLIC			
Commission Expires: / /		Information		
	•	or Print Legibly		
	Trease Type	or Trint Legioty		
Name to be used as notary public: (This is	s the name you will be re	quired to sign when notari	zing)	Social Security No.:
Last	First	Middle (not required)	Suffix	Required by TX Gov't Code §406
Mailing Address: (Please notify the secreta	ary of state of an address	change within 10 days) TX		Residence County:
Street	City	State Zip		
Email address for return of commission (Your commission will come from notarypul Alternate email address for return of com	bliccommission@sos.state	e.tx.us and you will NOT re	ceive materi	als by mail.)
Date of Birth: / /	-	entification No.:		Issuing state:
	Statements Relati	ing To Qualification		
I, the above-named applicant, have nev			ng moral t	urpitude, am at least 18 years
of age and a legal resident of Texas. {A	All applications are subj	ect to a background che	ck.}	
<ul> <li>A. I have been found guilty of a crifollowing for each crime: (1) copstatement of (i) the nature, circular crime involving moral turpitude</li> <li>B. I have never been found guilty of violations such as speeding.</li> </ul>	pies of court order and s umstances, date, and loo <b>OR a FELONY disqua</b>	entence, and papers pert cation, and (ii) whether t lifies you from appointn	aining to re the case is o nent as a no	clease from probation; and (2) of the on appeal.) {A conviction for a contary public under Texas law.}
		ic Surety Bond		
KNOW ALL PERSONS BY THESE PRES		agency/bonding company)		
That we, the above-named applicant,				, as surety, a corporation
duly licensed to do business in the state successors in office, in the sum of TEN TH heirs, executors and administrators jointly duties of the office of notary public.	IOUSAND DOLLARS for and severally. As a con	or the payment of which, we dition of this bond, the about	vell and truly ove-named pr	y be made we bind ourselves, our rincipal shall faithfully perform all
Agency Name:The John A Barclay Insurance	Agency, Inc Address: 87	01 Shoal Creek Blvd., Suite	201 Austi	in Texas 78757
	Stre		City	State Zip
Date:	——————————————————————————————————————	mature of outhorized manage	for ormater	
		nature of authorized person	101 Surety	
I, <u>the above-named applicant</u> , do sole pay, contributed, or promised to contributed or withholding of a vote at the election at the case may be, so help me God.	emnly swear (or affirm) te any money or thing o at which I was elected o	f value, or promised any	public offic	ce or employment for the giving
I declare under penalty of perjury that the fact and with this Application is true and correct a	ts in the foregoing Stateme	ent of Officer are true. I fur	-	-

agree to be bound by the terms and conditions of the incorporated surety bond.

Date:		
	` <u> </u>	

Signature of Applicant (sign in name given above on line #1 to be used as notary public)



### NOTARY BONDS PROTECT THE PUBLIC

State statutes regulate and prescribe the duties of a Notary Public. Professional liability is imposed on the Notary Public and, in most states, there is a mandatory bond requirement to protect the public.

## **BUT WHAT ABOUT YOUR LEGAL LIABILITY?**

When performing the functions of a Notary Public your legal liability is not limited to the statutory bond requirement. Your professional liability can easily be \$10,000 or more. This financial expense can now be insured at a minimal cost.

# OLD REPUBLIC SURETY COMPANY CAN PROTECT YOU THE NOTARY PUBLIC

A Notary Public professional liability policy will protect you against claims for any negligent act, error or omission committed or alleged to have been committed when acting in your capacity as a Notary Public, subject to all terms and conditions of the policy

#### YOUR LEGAL DEFENSE

The expense of legal defense is also insured even if the suit is groundless, false or fraudulent.

### YOUR APPLICATION FOR PROTECTION IS HERE

Complete, detach and mail to the Agent. His name appears at the top of the application. Premiums will be due and payable upon receipt of your policy.

### **POLICY EXCLUSIONS**

Exclusions: The policy does not apply:

- (a) to any dishonest, fraudulent, illegal, criminal, or malicious error or omission of the insured.
- (b) to the conduct of any business enterprise owned in whole or in part by the insured, controlled or managed by the insured, or of which the insured is an employee, including the ownership, maintenance or use of any property in connection therewith:
- (c) to bodily injury to, or sickness, disease or death of any person, or to injury or destruction of any tangible property, including the loss of use thereof.

Note: This brochure contains only a brief summary of coverage and policy provisions. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. Coverages afforded are only those for which application is made and for which a premium charge is indicated in the Declarations of the policy.

## Your ORSC agent is:

THE JOHN A. BARCLAY AGENCY, INC. P.O. BOX 2274
AUSTIN, TX 78768-2274

	application for no omissions insura to Old Republic Surety Com	ance	s and			
	Your Name	Middle	Last			
	Address	Wilduic	Lust			
	_	No., Street	_			
	Town, County, State, Zip Code					
	Policy Period: From	t the Address of the				
TEAR OFF AND MAIL	LIMITS OF LIABILITY (Check limit desired)					
	Limit of Liability 4 Year Premium					
FFA	\$ 5,000 aggregate	\$25.00	\$25.00			
R O	\$10,000 aggregate	\$40.00	\$40.00			
TEA	\$15,000 aggregate	\$50.00				
	\$25,000 aggregate	\$60.00	)			
	Date of your Notary Commission  Premiums for term of policy shall be prepaid with application.					
	APPLICANT'S STATEMEN	Т	Yes No			
	Do you know of any circumstan result in a claim being made ag result of your services as a Not	0 0				
	Has a claim ever been made ag result of your services as a Not		00			
	Signature of Applicant					
	Signature of Agent					
	Agent No. 895084					

**ARKANSAS:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

COLORADO: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

**DISTRICT OF COLUMBIA:** "Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

**FLORIDA:** "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

**HAWAII:** "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

**KENTUCKY:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

**LOUISIANA:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**MAINE:** "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

**NEW JERSEY:** "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

**NEW MEXICO:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

**NEW YORK:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

**OHIO:** "Any person who, with intent to defraud or knowing that he 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."

**PENNSYLVANIA:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

**RHODE ISLAND:** Insurer shall place on the application a warning which indicates the existence of a criminal penalty for failure to disclose a conviction for arson.

**TENNESSEE:** "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

VIRGINIA: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."