



NOTARY I.D. NO.
1346462

COMMISSION NO.
GG 979600

STATE OF FLORIDA

Executive Department

I, Ron DeSantis, Governor of Florida, by virtue of the authority vested in me
by the Constitution and Laws of this State,
do hereby commission

Robert Bankers

to be

NOTARY PUBLIC

in and for the State of Florida

from August 15, 2020 through August 14, 2024 and in the

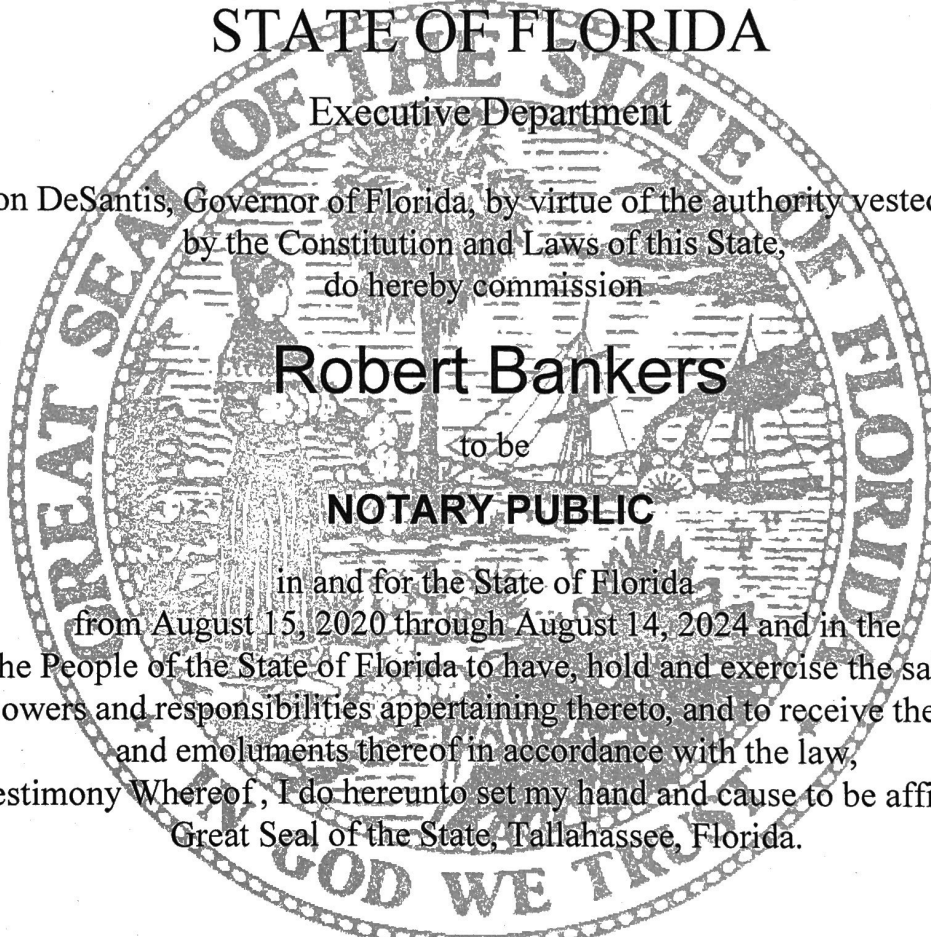
Name of the People of the State of Florida to have, hold and exercise the said office and
all the powers and responsibilities appertaining thereto, and to receive the privileges
and emoluments thereof in accordance with the law,

In Testimony Whereof, I do hereunto set my hand and cause to be affixed the
Great Seal of the State, Tallahassee, Florida.

Governor

Secretary of State

HUCK



Travelers Casualty and Surety Company of America

One Tower Square, Hartford, Connecticut 06183

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

Robert Bankers 925 Parasol pLACE OVIEDO, FL 32766		Policy No. Term Premium Policy Effective Date	FL-1536413 100,000.00 08/15/2020-08/14/2024
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TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA (the "Company") will pay on behalf of Robert Bankers (the "Insured"), all sums which the Insured shall become obligated to pay by reason of liability for breach of duty while acting as a duly commissioned and sworn Notary Public, claim for which is made against the Insured by reason of any negligent act, error or omission, committed or alleged to have been committed by the Insured, arising out of the performance of notarial service for others in the Insured's capacity as a duly commissioned and sworn Notary Public.

POLICY PERIOD: This policy applies only to negligent acts, errors or omissions which occur during the Policy Period and then only if claim, suit or other action arising therefrom is commenced within the applicable Statute of Limitations pertaining to the Insured. The Policy Period commences on the Effective Date hereof and terminates upon the expiration of the Insured's commission as a Notary Public unless cancelled earlier as provided in this policy. This policy is not valid for more than one commission term.

LIMIT OF LIABILITY: The liability of the Company shall not exceed in the aggregate for all claims under this insurance the amount 100,000.00 DOLLARS.

In addition to the limit of liability and in accordance with the other provisions of this policy, the Company will pay costs and expenses paid and incurred in investigating, contesting or settling liability in an amount not to exceed, in the aggregate, one-half of the limit of this policy.

INSURED'S DUTIES IN THE EVENT OF OCCURRENCE, CLAIM OR SUIT:

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| (a) | Upon knowledge of any occurrence which may be reasonably be expected to result in a claim or suit, written notice containing particulars sufficient to identify the Insured and also reasonably obtainable information with respect to the time, place and circumstances thereof, and the names and addresses of the potential claimant and of available witnesses, shall be given by or for the Insured to the Company or any of its authorized agents as soon as possible, but in no event longer than forty-five (45) days after discovery. |
| (b) | If claim is made or suit is brought against the Insured, the Insured shall immediately forward to the Company every demand, notice, summons or other process received by him or his representative. |
| (c) | The Insured shall cooperate with the Company and, upon the Company's request, assist in making settlements, in the conduct of suits and the Insured shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Insured shall not, except at his own cost, voluntarily make any payment, assume any obligation or incur any expense except with the prior written consent of the Company. |


EXCLUSIONS: Coverage under this policy does not apply to any dishonest, fraudulent, criminal or malicious act or omission of the Insured.

OTHER 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 lost, cost and expenses than the limit of liability stated in this policy bears to the total limit of liability of all valid and collectible insurance against such loss.

CANCELLATION The insured may cancel this policy at any time by mailing or delivering to us advance written notice of cancellation. The company may cancel this policy by mailing or delivering to the insured written notice of cancellation at least 10 days before the effective date of cancellation if we cancel for nonpayment of premium or 30 days before the effective date of cancellation if we cancel for any other reason. If we cancel, the premium refund will be pro rata and if the insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.

Dated, signed and sealed this 21 day of April, 2020

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

By: 

Attorney-in-Fact