

**STATE OF FLORIDA BOND OF
NOTARY PUBLIC OR
ONLINE NOTARY PUBLIC**

Secretary of State
Online Notary Commissions
Form: DOC IN-7, R. 1N-7.001, F.A.C, effective 01/2020

FOR OFFICE USE ONLY
Approved by Department of State:

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we,

Clarence Murphy

(Name of Registrant)

as Principal, and

Western Surety Company (800) 331-6053

(Imprint Name of Surety Company)

as Surety Company, give bond payable to any

individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as a Notary Public OR Online Notary Public in the amount of Twenty-Five Thousand Dollars (\$25,000) as assurance for the due discharge of the duties of his/her office of Notary Public OR Online Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally. Liability under this bond is limited to \$7500 for acts performed in the capacity of a Notary Public pursuant to section 117.01(7)(a), Florida Statutes.

Applicant was, on the date of issuance of Notary Public commission, bonded in and for the State of Florida as a Notary Public of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of a Notary Public or Online Notary Public, as prescribed by law, then this obligation shall be void.



(Signature of Registrant)

Signed and sealed this 13th day of February, 2026.

Western Surety Company

(Name of Surety Company)

P. O. BOX 5077, Sioux Falls, SD 57117-5077

(Address of Surety Company)

BUDGET NOTARY SERVICES

(Name of Bonding Agency or Company)

P. O. Box 5797, Tallahassee, FL 32314-5797

(Address of Bonding Agency or Company)

By

(Signature of Florida Licensed Agent)

A068326

(Florida Licensed Agent Number)

Jack Diestelhorst

(Printed Name of Florida Licensed Agent)



Section 817.234(1)(b), F.S. "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 in the third degree."

This bond shall be for Twenty-Five Thousand Dollars (\$25,000).
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the registration of online notary public.

The Continental Insurance Company

P.O. Box 5077
Sioux Falls, SD 57117-5077

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

Policy No.: 62533

Premium: \$ 46.88

THE CONTINENTAL INSURANCE COMPANY hereinafter called the Company) will pay on behalf of

5243836-2
Clarence Murphy
488 Monaco K
Delray Beach, FL 33446

(hereinafter called 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 during the policy period or within the applicable Statute of Limitations pertaining to the Insured.

The Policy Period commences at 12:01 am on February 12, 2026 and ends at midnight on November 17, 2029.

LIMITS OF LIABILITY: The liability of the Company shall not exceed in the aggregate for all claims under this insurance the amount of Twenty-five thousand and 00/100 DOLLARS (\$ 25,000.00).
(NOT VALID FILLED IN FOR MORE THAN \$100,000.00)

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 one-half of the limit of this policy.

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

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, costs 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: 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 such cancellation shall be effective. During the first ninety (90) days that this policy is in force, the Company may cancel it for any reason upon twenty (20) days written notice to the Insured, and the Company may cancel this policy upon ten (10 days' written notice at any time for nonpayment of premium. After this policy has been in effect for ninety (90) days, it may be cancelled by the Company upon at least forty-five (45) days' written notice to the Insured if cancellation is for (1) a material misstatement, (2) nonpayment of premium, (3) failure to comply with underwriting requirements established by the Company within ninety (90) days of the date of effectuation of coverage, (4) a substantial change in the risk covered by the policy, or (5) when the cancellation is for all insureds under such policies for a given class of insureds. A pro rata return premium shall be allowed on cancellation, but payment of unearned premium is not a condition of cancellation. If the policy is not to be renewed, the Company shall give the Insured at least forty-five (45) days' written notice stating the reason or reasons for nonrenewal.

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

- Upon knowledge of any occurrence which may 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 practicable, but in no event longer than forty-five (45) days after discovery.
- 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.
- The Insured shall cooperate with Company and, upon the Company's request, assist in making settlements, in the conduct of suites 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 costs, voluntarily make any payment, assume any obligation, or incur any expense except with the prior written consent of the Company.

TELEPHONE NUMBER: To present inquires or obtain information about coverage and to provide assistance in resolving complaints, the Company's telephone number is (800) 331-6053.

Dated, signed, and sealed this 13th day of February, 2026.

Address claims to:
THE CONTINENTAL INSURANCE COMPANY
P.O. Box 5077
Sioux Falls, SD 57117-5077

The Continental Insurance Company

By: Jack Distelhorst
Resident Agent