



HISCOX INSURANCE COMPANY INC. (A Stock Company)

30 North LaSalle Street, Suite 1760, Chicago, IL 60602
(312) 380-5555

Professional Liability Errors & Omissions Insurance Declarations

This is a "Claims Made and Reported" Policy in which Claim Expenses are included within the Limit of Liability unless otherwise noted. Those words (other than the words in the captions) which are printed in Boldface are defined in the Policy.

Declaration
Effective Date:

Oct 4 2026

Policy No.:

HSX103451-01

Renewal of:

New Business

1. Named Insured :

DBA Miller Mobile Notary Signing Service

2. Address :

12636 Woodside Falls Rd, PINEVILLE, NC 28134

Email Address :

certifiedsigningagent@hotmail.com

3A. Limit of Liability :

\$1,000,000 Each Claim

3B. :

\$1,000,000 Aggregate for all Claims

4. Deductible :

\$1,000 Each Claim

5. Notice :

Phone: 866-424-8508
Email: reportclaim@hiscox.com
Mail: Hiscox
Attn: Direct Claims
New York, NY, 10022
5 Concourse Parkway, Suite 2150

6. Policy Period :

From

Oct 4 2026

To

Oct 4 2027

At 12:01 A.M. (Standard Time) at the address shown above.

7. Retroactive Date :

November 01 2003

8. Premium :

\$400

9. Surcharges :

Not Applicable

Attachments

DPL D001 CW (11/19) - Professional Liability Errors & Omissions Insurance Declarations
DPL P001 CW (05/13) - Professional Liability - Us Direct Errors And Omissions Insurance
DPL E5118 NC (01/10) - North Carolina Amendatory Endorsement
INT N001 CW (01/09) - ECONOMIC AND TRADE SANCTIONS POLICYHOLDER NOTICE
DPL E5022 CW (01/10) - Notary Services Endorsement
DPL E5424 1 CW (02/15) - Blanket Additional Insured Endorsement
INT N003 CW 01/19 PL - Policyholder Notice - Electronic Delivery
DPL E1918 CW (03/23) - Cannabis Exclusion Endorsement
DPL E1919 CW (03/23) - War, Civil War, Cyberwarfare, and NCBR Exclusion Endorsement
DPL E0003 CW (08/23) - Misappropriation of Funds Exclusion Endorsement
DPL E1901 CW (08/21) - Cyber Incidents Exclusion Endorsement
DPL E0005 CW (12/23) - Anti-Stacking Endorsement (Single Limit)

DPL D001 CW (11/19)



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IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.

President

Secretary

Authorize Representative

Date: 15 September 2026

Hiscox Inc.
5 Concourse Parkway, Suite 2150
Atlanta, Georgia 30328



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/15/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
BizInsure LLC
2950 Buskirk Ave Suite 300
Walnut Creek, CA. 94597,USA

CONTACT NAME: Pavel Yurkov

PHONE (A/C, No, Ext): 1-877-900-9998

FAX (A/C, No):

E-MAIL ADDRESS: support@bizinsure.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Hiscox

10200

INSURED
DBA Miller Mobile Notary Signing Service
12636 Woodside Falls Rd
PINEVILLE, NC 28134

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJ ☐ LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WO STATUS- TORY LIMITS ☐ OTI- ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability (E&O)			HISX103451-01	10/04/2026	10/04/2027	Coverage: \$1,000,000 Aggregate: \$1,000,000 Deductible: \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

This certificate is issued for evidence purposes only.

CERTIFICATE HOLDER

DBA Miller Mobile Notary Signing Service
12636 Woodside Falls Rd
PINEVILLE, NC 28134

LOAN #:

ID #:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Pavel Yurkov

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