



State Office of Risk Management

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STATE EMPLOYEE NOTARY ACKNOWLEDGMENT FORM

I understand that the State of Texas will defend and indemnify state employees for damages, attorney fees and court costs adjudged against them when the damages are based on a negligent act or omission in the course and scope of the person's employment. I understand that the State's indemnification may not exceed \$100,000 and is subject to the limitations and exclusions provided in Tex. Civ. Prac. & Rem.Code Chapter 104.

By signing this acknowledgment form, I recognize that I am liable for any and all costs, fees and expenses, including defense costs, as well as settlements and judgments resulting from the use of my notary commission outside the course and scope of my duties as a State of Texas employee.

Employee's name (PRINT)

Date

Employee's signature

Witness' signature

State Agency (Employer)