



Republic Underwriters, Inc.  
1640 Axtell Dr  
Troy, MI 48084  
(248) 641-7800  
(800) 248-0438  
(248) 641-8857 fax  
[www.republicund.com](http://www.republicund.com)

**RE: Constable Liability Insurance – Renewal 02/12/17**

Dear Constable:

**Your Constable Liability Insurance is expiring on <CPOL.POLICY.EXP>.**

- We will fax a certificate to your county\*. Some counties will not accept a fax, only an original certificate or email. The original copy to be mailed to address on application.
- The premium remains competitive at \$330 for the basic \$250,000/\$500,000 limit, and \$630 with Moonlighting. Please note that your policy automatically includes Prisoner Transport Liability (loading & unloading only), Firearm and Taser coverage.
- Please complete the enclosed Renewal Application, and return **both pages** to our office with a check made payable to Republic Underwriters, Inc. **Applications are not completed over the phone.** Payment must be received in full for application to be processed.
- Applications processed in the order received.
- **Important:** In order to receive your renewal certificate prior to February 12, 2017, we must receive your Application with payment in our office by January 31, 2017.
- *Our agency also offers Auto, Home, Life, and Constable Commercial Auto for prisoner transport.*

Thank you for renewing your Constable Liability Insurance through Republic Underwriters, Inc. If you have any questions, please contact our office at 248-641-7800.

Sincerely,  
**REPUBLIC UNDERWRITERS, INC.**

Scott W. Dickinson, CPIA, LIC, CLCS, CAWC, PLCS  
President

\*Counties that do not accept fax copies, certificate will be mailed to these counties: Beaver, Centre, Lycoming, Snyder, Washington and Pike



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scottd@republicund.com

## CONSTABLES PROFESSIONAL LIABILITY NEW APPLICATION

Provide responses to the inquiries on this application. If necessary, use Page 2 to provide detail responses

### I. APPLICANT INFORMATION

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address \_\_\_\_\_ Cell: \_\_\_\_\_  
City \_\_\_\_\_ Email \_\_\_\_\_  
State \_\_\_\_\_ Zip Code: \_\_\_\_\_
2. When did your term as constable begin? \_\_\_\_\_ When does it expire? \_\_\_\_\_
3. What is the name of the county you serve? \_\_\_\_\_
4. How many executions, seizures did you complete during the last 12 months? \_\_\_\_\_

### II. TRAINING & OPERATIONS

1. Are you certified to carry a firearm in performance of your duties? Yes ☐ No ☐
2. Provide name of law enforcement agency which trained you. \_\_\_\_\_
3. While on duty do you carry a firearm? Yes ☐ No ☐
4. Have you received training which meets minimum state requirements? Yes ☐ No ☐
5. Number of hours of initial training required \_\_\_\_\_ Number of in-service training hours required annually \_\_\_\_\_
6. Are you currently employed by a law enforcement agency? Yes ☐ No ☐  
If "yes" name the agency. \_\_\_\_\_
7. Do you conduct any moonlighting activities? Yes, describe activities below ☐ No ☐


### III. CLAIMS INFORMATION – THIS SECTION MUST BE COMPLETED TO PROCESS

During the past 4 years, have any claims been made against you because of  
Occurrences related to performance of your duties as a constable? Yes ☐ No ☐

If "yes" provide a summary of all occurrences and complete the chart below.

Date	Open	Closed	Loss Paid	Loss Reserve	LAE Paid	LAE Reserve	Total Incurred
Totals							

I hereby declare that the statements and particulars in this application and attachments thereto are true and I have not misstated or suppressed any material facts. I agree that the information provided in this application with the basis of my acceptability with the Greenwich Insurance Company and its' underwriters. I understand that my participation in this program and my coverage is contingent upon my acceptability to the underwriter. I agree the signing of this application does not bind coverage.

\_\_\_\_\_  
Signature of Constable

\_\_\_\_\_  
Date

Please print full name: \_\_\_\_\_

REQUESTED LIMIT	PREMIUM		PREMIUM	
	<b><u>WITHOUT</u></b> MOONLIGHTING		<b><u>WITH</u></b> MOONLIGHTING*	
\$1,000,000/\$1,000,000	\$660.00	<input type="checkbox"/>	\$960.00	<input type="checkbox"/>
\$500,000/\$500,000	\$520.00	<input type="checkbox"/>	\$860.00	<input type="checkbox"/>
\$250,000/\$500,000	\$330.00	<input type="checkbox"/>	\$630.00	<input type="checkbox"/>
(State Minimum)				

\*If you have checked Yes for Moonlighting on page 1, the premiums on the right apply to you.

For any responses on page 1 that require explanation, provide details in space below. Entries on this form become part of the application.


- ☐ Check # \_\_\_\_\_ Enclosed in the amount of \$ \_\_\_\_\_    ☐ Check here for Accident/Cancer Quote
- ☐ Please process payment via EFT form completed below    ☐ Check here for Auto/Home Quote
- ☐ Check here for a Life Insurance Quote – Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_    ☐ Smoker    ☐ Non-smoker

Applications can be submitted by the following methods:

- Enclosed Return Envelope    ■ Faxed to 248-641-8857    ■ E-mail: rubill@republicund.com

### Electronic Funds Transfer Authorization Form

☐ Yes, I would like to take advantage of the security and convenience of electronic funds transfer.

☐ Checking Account

☐ Savings Account

Name on bank account: \_\_\_\_\_

Billing address on bank account: \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Account Number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_      Check Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note you must be a signer on the bank account being used.**

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