

Signature of Constable

CONSTABLES PROFESSIONAL LIABILITY 2020 RENEWAL APPLICATION - PA

1.	Name:Street Address				Phone: Cell:				
								City	
		State		Zip Co	ode:				
2.	What is the name of the county you serve?								
3.	How many	executions,	seizures did y	you complete du	ring the last 12 m	nonths?			
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1. 2.	•		ry a mrearm n arry a firearm	n performance o	i your duties?	Yes □ Yes □		No□ No □	
3.			•	v enforcement ag	renew?	Yes □		lo □	
3.				v emorcement ag		i es 🗆	IN	ю ш	
4.	Please ident	ify your foll	lowing duties	: Process ser	rving (warrants/su	_		Prisoner transport	
	☐ Enforcin	g Protecting	of abuse ord	ers D Other (D	escribe extra duty	y activities)			
		II. CLAIM	S INFORM A	ATION – THIS	SECTION MUS	Т ВЕ СОМРІ	ETED TO PR	ROCESS	
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	ing me past 4	vears have							
	ourrances relat	•	•	een made agains	•		N	го П	
Осс		ed to perfor	mance of you	ir duties as a cor	nstable?	Yes □	N	Го □	
Occ		ed to perfor	mance of you	ir duties as a cor	•	Yes □	N	[o □	
Осс		ed to perfor	mance of you	ir duties as a cor	nstable?	Yes □	N LAE Reserv		
Осс	yes" provide a	ed to perfor	mance of you	or duties as a cornces and comple	nstable? te the chart below	Yes □			
Occ If"	yes" provide a Date ESTED LIM	Open Open TI: \$1,	rmance of your of all occurrer Closed 000,000/\$1,0	Loss Paid 000,000- \$800.00	te the chart below Loss Reserve PREMIUM	Yes □ v. LAE Paid	LAE Reserv		
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Occ If "; QU \$25	yes" provide a Date ESTED LIM 50,000/\$500,00	Open IT: \$1,00 (State mi	Closed 000,000/\$1,0 nimum) - \$38	Loss Paid 000,000- \$800.00	te the chart below Loss Reserve PREMIUM	Yes □ v. LAE Paid	LAE Reserv	e Total Incurre	
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Occ If " \$25 Ect East Wall	Date Date Date Date Donomic Street Stree	Open TI: \$1,00 (State minus) FOLLOWING able* ntractor* a Contractor*	rmance of your fall occurrer Closed 000,000/\$1,0 nimum) - \$38	Loss Paid 000,000- \$800.00 35.00 PREMIU	te the chart below Loss Reserve PREMIUM	Yes □ v. LAE Paid □ \$500,00	LAE Reserv	e Total Incurre	
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Date