



Republic Underwriters, Inc.
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Troy, MI 48099-1197
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CONSTABLES PROFESSIONAL LIABILITY 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: _____ Fax: _____
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. Provide one copy of training certificates related to performance of duties as constable.
2. Are you certified to carry a firearm in performance of your duties? Yes No
3. Provide name of law enforcement agency which trained you. _____
4. While on duty do you carry a firearm? Yes No
5. Have you received training which meets minimum state requirements? Yes No
6. Number of hours of initial training required _____ Number of in-service training hours required annually _____
7. Are you currently employed by a law enforcement agency? Yes No
If "yes" name the agency. _____
8. Do you conduct any moonlighting activities? If "yes" describe activities Yes No

III. CLAIMS INFORMATION

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 Darwin National 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 <u>WITHOUT</u> MOONLIGHTING	PREMIUM <u>WITH</u> MOONLIGHTING
\$1,000,000/\$1,000,000	\$575.00 <input type="checkbox"/>	\$825.00 <input type="checkbox"/>
\$500,000/\$500,000	\$450.00 <input type="checkbox"/>	\$750.00 <input type="checkbox"/>
\$250,000/\$500,000 (State Minimum)	\$285.00 <input type="checkbox"/>	\$550.00 <input type="checkbox"/>

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

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: _____

Routing Number (9 digits): _____

Account Number: _____

Amount: \$ _____

Check Number: _____

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

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