



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

RE: Constable Liability Insurance – Renewal 02/12/18

Dear Constable:

Your Constable Liability Insurance is expiring on February 12, 2018.

- We have a new Insurance Company for the 2018 renewal, Greenwich Insurance Company. All policy language will remain the same.
- We are pleased to inform you our premiums will remain the same as last year, **no premium increase**. 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.
- 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.
- 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, 2018, we must receive your Application with payment in our office by January 31, 2018.
- *Our agency also offers 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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 248-641-7800 ext 1015 FAX 248-641-8857
 scott@republicund.com

CONSTABLES PROFESSIONAL LIABILITY RENEWAL APPLICATION - PA

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 <u>WITHOUT</u> MOONLIGHTING	PREMIUM <u>WITH</u> 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 (State Minimum)	\$330.00 <input type="checkbox"/>	\$630.00 <input type="checkbox"/>

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

Check here for Additional Insured Endorsement (Valley Terrance or Mohegan Sun Arena) to your policy, please include an extra \$50 premium and mark the application accordingly.

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 Constable Auto Quote

Please process payment via EFT form completed below

Applications can be submitted by the following methods:

- Enclosed Return Envelope ■ Faxed to 248-641-8857 ■ E-mail: scott@d@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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