



Republic Underwriters, Inc.  
 1640 Axtell Dr  
 Troy, MI 48084  
 248-641-7800 ext 1015 FAX 248-641-8857  
 scotttd@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
<b>Totals</b>							

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.

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 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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**(248) 641-7800 or (800) 248-0438**  
**Fax (248) 641-8857**