



P.O. Box 1197
Troy, MI 48099-1197
(800) 248-0438 Ext. 1015
(248) 641-8857 Fax
scottd@republicund.com

CONSTABLE PROFESSIONAL LIABILITY INSURANCE **Offered by: Republic Underwriters, Inc.**

- Occurrence Form Coverage
- Carrier Rating: A rated
- Limits of Liability - \$250,000 or \$500,000 or \$1,000,000
- Deductible \$500
- Use of Firearms and Tasers are approved with proof of acceptable training
- Moonlighting Coverage is included
- Defense Settlement Coverage is within the limit

| <u>Limits</u> | <u>Premium</u> |
|-------------------------|----------------|
| \$250,000/\$500,000 | \$385.00* |
| \$500,000/\$500,000 | \$650.00* |
| \$1,000,000/\$1,000,000 | \$800.00* |

This is a highly specialized General Liability Policy which includes **Bodily Injury, Property Damage, and Personal Injury.** We ask that you review your current policy, and contact us with any questions.

Please contact Scott Dickinson at 1.800.248.0438 Ext. 1015 ♦ email: scottd@republicund.com. Please complete the attached Application and mail, fax (248.641.8857), or email back to our office.

This is only a brief description of policy details, please see the Master Policy for complete description, policy language, and exclusions.

*For coverage effective February 12, 2019 and after, please contact our office for current premiums.



Republic Underwriters, Inc.
 1640 Axtell Dr
 Troy, MI 48084
 248-641-7800 ext 1015 FAX 248-641-8857
 scotttd@republicund.com

CONSTABLES PROFESSIONAL LIABILITY
2019 NEW 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. Please identify your following duties:
- Process serving (warrants/summons/subpoenas etc) Prisoner transport
 Enforcing Protecting of abuse orders
 Other (please describe extra duty activities) _____

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 Effective Date: _____

Current Coverage: Yes No Current Expiration Date: _____

| REQUESTED LIMIT | PREMIUM | |
|--|----------|--------------------------|
| \$1,000,000/\$1,000,000 | \$800.00 | <input type="checkbox"/> |
| \$500,000/\$500,000 | \$650.00 | <input type="checkbox"/> |
| \$250,000/\$500,000 (State Minimum) | \$385.00 | <input type="checkbox"/> |

Check here if you are a Contractor for Valley Terrance or Mohegan Sun Arena, please include an extra \$50 premium for the Additional Insured Endorsement, 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: scottd@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.

Republic Underwriters, Inc.
1640 Axtell Drive
Troy, MI 48084
(248) 641-7800 or (800) 248-0438
Fax (248) 641-8857
E-mail Scott Dickinson – scottd@republicund.com