



Republic Underwriters, Inc.
 1640 Axtell Dr
 Troy, MI 48084
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 scotttd@republicund.com

CONSTABLES PROFESSIONAL LIABILITY 2020 RENEWAL APPLICATION - PA

I. APPLICANT INFORMATION

1. Name: _____	Phone: _____
Street Address _____	Cell: _____
City _____	Email: _____
State _____ Zip Code: _____	
2. What is the name of the county you serve? _____	
3. 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 <input type="checkbox"/>	No <input type="checkbox"/>
2. While on duty do you carry a firearm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you currently employed by a law enforcement agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes" name the agency. _____		
4. Please identify your following duties: <input type="checkbox"/> Process serving (warrants/summons/subpoenas etc) <input type="checkbox"/> Prisoner transport		
<input type="checkbox"/> Enforcing Protecting of abuse orders <input type="checkbox"/> Other (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

REQUESTED LIMIT: \$1,000,000/\$1,000,000- **\$800.00 PREMIUM** \$500,000/\$500,000- **\$650.00 PREMIUM**
 \$250,000/\$500,000 (State minimum) - **\$385.00 PREMIUM**

CHECK HERE FOR FOLLOWING:

- East Donegal Constable*
- Valley Terrance Contractor*
- Mohegan Sun Arena Contractor*

**Extra \$50 premium for the Additional Insured Endorsement, and mark the application accordingly.*

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

PAYMENT INFORMATION:

- Check # _____ Enclosed in the amount of \$ _____ Check here for Constable Auto Quote
- Please process payment via EFT (see form enclosed) Online Payment via Credit / Debit Card

Applications can be submitted by the following methods:

- Enclosed Return Envelope ■ Faxed to 248-641-8857 ■ E-mail: scotttd@republicund.com

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