



P.O. Box 1197  
Troy, MI 48099-1197  
(248) 641-7800 Ext. 1015  
(248) 641-8857 Fax  
scottd@republicund.com

## CONSTABLE PROFESSIONAL LIABILITY INSURANCE

Offered by: Republic Underwriters, Inc.

- Occurrence form coverage
- Carrier Rating is A
- 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 coverage within the limit

<u>Limits</u>	<u>Premium</u>	<u>Tax</u>	<u>Fee</u>	<u>Total Premium</u>
\$250,000/\$500,000	\$385.00	\$18.67	\$50.00	\$453.67* Annually
\$500,000/\$500,000	\$650.00	\$31.53	\$50.00	\$731.53* Annually
\$1,000,000/\$1,000,000	\$800.00	\$38.80	\$50.00	\$888.80* Annually

\*Premiums includes 4.85% State Tax and \$50 Policy Fee

\*Master Policy Start Date is March 1, 2020, annual premiums will be pro-rated until March 1, 2021

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 1.248.641.7800 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 Master Policy for complete description, policy language, and exclusions.



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## CONSTABLE PROFESSIONAL LIABILITY 2020 NEW APPLICATION - LOUISIANA

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 \_\_\_\_\_ Cell \_\_\_\_\_
2. When did your term as constable begin? \_\_\_\_\_ When does it expire? \_\_\_\_\_  
 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  No   
 2. While on duty do you carry a firearm? Yes  No   
 3. Are you currently employed by a law enforcement agency? Yes  No   
 If "yes" name the agency. \_\_\_\_\_  
 4. 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

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 occurrence and complete the chart below.

Date	Open	Closed	Loss Paid	Loss Reserve	LAE Paid	LAE Reserve	Total Incurred

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

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 Indian Harbor Insurance Company and it's 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

#### REQUESTED LIMIT:

- \$453.67 PREMIUM** - \$250,000/\$500,000 - \$385.00 Premium - \$18.67 State Tax - \$50.00 Policy Fee  
 **\$731.53 PREMIUM** - \$500,000/\$500,000 - \$650.00 Premium - \$31.53 State Tax - \$50.00 Policy Fee  
 **\$888.80 PREMIUM** - \$1,000,000/\$1,000,000 - \$800.00 Premium \$38.80 State Tax - \$50.00 Policy Fee

Please print full Name \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Current Coverage:  Yes  No Current Expiration Date \_\_\_\_\_

<u>Requested Limit</u>	<u>Premium</u>	<u>Tax</u>	<u>Fee</u>	<u>Total Premium</u>
<input type="checkbox"/> \$250,000/\$500,000	\$385.00	\$18.67	\$50.00	\$453.67* Annually
<input type="checkbox"/> \$500,000/\$500,000	\$650.00	\$31.53	\$50.00	\$731.53* Annually
<input type="checkbox"/> \$1,000,000/\$1,000,000	\$800.00	\$38.80	\$50.00	\$888.80* Annually

\*Premiums includes 4.85% State Tax and \$50 Policy Fee

\*Master Policy Start Date is March 1, 2020, annual premiums will be pro-rated until March 4, 2021.

Check # \_\_\_\_\_ Enclosed in the amount of \$ \_\_\_\_\_

Please process payment via EFT (complete box below)

Online Payment via Credit / Debit Card @ [www.republicund.com](http://www.republicund.com), click on Online Payments in the upper right hand corner.

### 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: \_\_\_\_\_

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**P.O. Box 1197**

**Troy, MI 48099-1197**

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

**Fax (248) 641-8857**

**E-mail Scott Dickinson - [scottd@republicund.com](mailto:scottd@republicund.com)**