



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 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 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	\$9.63	\$50.00	\$444.63* Annually
\$500,000/\$500,000	\$650.00	\$16.25	\$50.00	\$716.25* Annually
\$1,000,000/\$1,000,000	\$800.00	\$20.00	\$50.00	\$870.00* Annually

*Premiums includes 2.5% State Tax and \$50 Policy Fee

*Master Policy Start Date is May 19, 2020, annual premiums will be pro-rated until May 19, 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 1.800.248.0438 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 Master Policy for complete description, policy language, and exclusions.



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

CONSTABLES PROFESSIONAL LIABILITY 2020 NEW/REWRITE APPLICATION - IN

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:

- \$444.63 PREMIUM** - \$250,000/\$500,000 - \$385.00 Premium - \$9.63 State Tax - \$50.00 Policy Fee
- \$716.25 PREMIUM** - \$500,000/\$500,000 - \$650.00 Premium - \$16.25 State Tax - \$50.00 Policy Fee
- \$870.00 PREMIUM** - \$1,000,000/\$1,000,000 - \$800.00 Premium - \$20.00 State Tax - \$50.00 Policy Fee

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 Life Insurance Quote
- Please process payment via EFT (complete form on page 2) 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 Indian Harbor 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: _____

ONLY COMPLETE IF PAYING VIA EFT

Please process payment via EFT form completed below

Applications can be submitted by the following methods:

- Enclosed Returned Envelope ■ 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.

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Fax (248) 641-8857

E-mail Scott Dickinson - scottd@republicund.com