



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.



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 - LA

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:

- \$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

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