



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
- 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       | \$15.40    | \$50.00    | \$450.40* Annually   |
| \$500,000/\$500,000     | \$650.00       | \$26.00    | \$50.00    | \$726.00* Annually   |
| \$1,000,000/\$1,000,000 | \$800.00       | \$32.00    | \$50.00    | \$882.00* Annually   |

\*Premiums includes 4% State Tax and \$50 Policy Fee

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

**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  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 (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:**

- \$450.40 PREMIUM** - \$250,000/\$500,000 - \$385.00 Premium - \$15.40 State Tax - \$50.00 Policy Fee
- \$726.00 PREMIUM** - \$500,000/\$500,000 - \$650.00 Premium - \$26.00 State Tax - \$50.00 Policy Fee
- \$882.00 PREMIUM** - \$1,000,000/\$1,000,000 - \$800.00 Premium - \$32.00 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](mailto: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](mailto: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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**Troy, MI 48099-1197**

**(248) 641-7800 or (248) 554-3315 or (248) 554-3319**

**Fax (248) 641-8857**

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