



P.O. Box 1197  
Troy, MI 48099-1197  
(800) 248-0438 Ext. 1015  
(248) 641-8857 Fax  
scottd@republicund.com

## COURT OFFICERS 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>
\$250,000/\$500,000	\$385.00
\$500,000/\$500,000	\$475.00
\$1,000,000/\$1,000,000	\$600.00

\*Master Policy Start Date is April 15, 2020, annual premiums will be pro-rated until April 15, 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  
 scottd@republicund.com

**COURT OFFICERS PROFESSIONAL LIABILITY**  
**2020 NEW/REWRITE APPLICATION - MI**

**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:**

- \$385.00 PREMIUM** - \$250,000/\$500,000  
 **\$650.00 PREMIUM** - \$500,000/\$500,000  
 **\$800.00 PREMIUM** - \$1,000,000/\$1,000,000

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: [scottd@republicund.com](mailto:scottd@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**

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.**

**P.O. Box 1197**

**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)**