



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 - PA**

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: \$1,000,000/\$1,000,000- **\$800.00 PREMIUM** \$500,000/\$500,000- **\$650.00 PREMIUM**
 \$250,000/\$500,000 (State minimum) - **\$385.00 PREMIUM**

CHECK HERE FOR FOLLOWING:

- East Donegal Constable* McSherrystown Constables Office*
 Valley Terrance Contractor*
 Mohegan Sun Arena Contractor*

**Extra \$50 premium for the Additional Insured Endorsement, and mark the application accordingly.*

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 Constable Auto 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 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

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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