



Republic Underwriters, Inc.
1640 Axtell Dr
Troy, MI 48084
(248) 641-7800
(800) 248-0438
(248) 641-8857 fax
www.republicund.com

December, 2020

PA Constable

RE: Constable Liability Insurance – Renewal February 12, 2021

Dear Constable:

Your Constable Liability Insurance policy will renew once again on February 12, 2021. The insurance carrier was requesting a large rate increase for the upcoming year. However, we were able to negotiate a lower rate increase than what was proposed.

The premiums are as follows (includes \$500 Deductible):

\$250,000/\$500,000	\$400.00
\$500,000/\$500,000	\$715.00
\$1M/\$1M	\$880.00

- Please complete the enclosed Renewal Application, and return to our office with a check made payable to Republic Underwriters, Inc. in the enclosed self-addressed envelope.
Applications cannot be processed over the phone.
- Important: In order to receive your renewal Certificate prior to February 12, 2021, we must receive your Completed Application with payment in our office by **January 31, 2021**.
- If you misplace your application, you can access a copy online at www.republicund.com

Thank you for renewing your Constable Liability Insurance through our Agency. If you have any questions, please feel free to contact me at 248-554-3315 or Kathy Gibson at 248-554-3319.

Sincerely,
REPUBLIC UNDERWRITERS, INC.

Scott W. Dickinson, CPIA, LIC, CLCS, CAWC, PLCS
Scottd@republicund.com

*Counties that do not accept fax copies, a certificate will be mailed to these counties: Beaver, Centre, Lycoming, Snyder, Washington and Pike



Republic Underwriters, Inc.
 1640 Axtell Dr
 Troy, MI 48084
 248-554.3315 FAX 248-641-8857
 scott@republicund.com

CONSTABLES PROFESSIONAL LIABILITY 2021 RENEWAL APPLICATION - PA

Provide responses to the inquiries on this application. If necessary, use Page 2 to provide detail responses.

I. APPLICANT INFORMATION

1. Name: _____ Phone: _____
 Street Address: _____ Cell: _____
 City _____ Email _____
 State PA Zip _____

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 (please 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 - **\$880.00 PREMIUM** \$500,000/\$500,000 - **\$715.00 PREMIUM**
 \$250,000/\$500,000 - **\$400.00 PREMIUM**

CHECK HERE FOR FOLLOWING:

Mohegan Sun Arena Contractor and include an additional \$50 premium for the Additional Insured Endorsement.

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 Commercial Auto Quote
 Please process payment via EFT (see form enclosed) Call for Payment via Credit / Debit Card
 Accident Insurance Quote; Date of Birth: ____/____/____

Applications can be submitted by the following methods:

- Enclosed Return Envelope
- Faxed to 248-641-8857
- Email: scott@republicund.com or rucs@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: _____

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.

Please correct any of the incorrect pre-filled information on the application.

Republic Underwriters, Inc.

1640 Axtell Drive

Troy, MI 48084

Scott Dickinson @ 248-554-3315; email: scottd@republicund.com

Kathy Gibson @ 248-554-3319; email: kathyg@republicund.com

Fax (248) 641-8857