



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	\$400.00	\$19.40	\$50.00	\$469.40* Annually
\$500,000/\$500,000	\$715.00	\$34.68	\$50.00	\$799.68* Annually
\$1,000,000/\$1,000,000	\$880.00	\$42.68	\$50.00	\$972.68* Annually

*Premiums includes 4.85% State Tax and \$50 Policy Fee

*Master Policy Start Date is March 1, 2021, annual premiums will be pro-rated until March 1, 2022

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 1.248.554.3315 ♦ 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.



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CONSTABLE PROFESSIONAL LIABILITY 2021 NEW APPLICATION - LOUISIANA

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 _____ Fax _____
 City _____ Email _____
 State _____ Zip _____ Cell _____
2. When did your term as constable begin? _____ When does it expire? _____
 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

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 occurrence and complete the chart below.

Date	Open	Closed	Loss Paid	Loss Reserve	LAE Paid	LAE Reserve	Total Incurred

For any responses on page 1 that require explanation, provide details in space below. Entries on this form become part of the application.

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 it's 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

REQUESTED LIMIT:

- \$469.40 PREMIUM*** - \$250,000/\$500,000 - \$400.00 Premium - \$19.40 State Tax - \$50.00 Policy Fee
 \$799.68 PREMIUM* - \$500,000/\$500,000 - \$715.00 Premium - \$34.68 State Tax - \$50.00 Policy Fee
 \$972.68 PREMIUM* - \$1,000,000/\$1,000,000 - \$880.00 Premium \$42.68 State Tax - \$50.00 Policy Fee

*Premiums includes 4.85% State Tax and \$50 Policy Fee
 *Master Policy Start Date is March 1, 2021, annual premiums will be pro-rated until March 4, 2022.

Please print full Name _____

Requested Effective Date: _____

Current Coverage: Yes No Current Expiration Date _____

Check # _____ Enclosed in the amount of \$ _____

Please process payment via EFT (complete box below)

Online Payment via Credit / Debit Card @ www.republicund.com, click on Online Payments in the upper right hand corner, your account number is: NEW

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.



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

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

Fax (248) 641-8857