



Republic Underwriters, Inc.
P.O. Box 1197
Troy, MI 48099-1197
(248) 641-7800
(800) 248-0438
(248) 641-8857 fax
www.republicund.com

March 1, 2021

RE: Constables Liability Insurance – Renewal 03/01/21

Dear Constable:

Your Constable Liability Insurance Policy is expiring on 03/01/2021.

- The premium remains competitive at \$880 plus tax and fee for the \$1,000,000 Limit of Liability for a total of \$972.68.
- Other limits of liability are available
- Policy automatically includes Prisoner Transport Liability (Loading & Unloading only), Firearms, and Taser coverage. If you transport, you need a Commercial Auto Policy.

Please complete the enclosed Renewal Application, and return to our office with a check made payable to Republic Underwriters, Inc.

Our agency also offers Life, Accident, and Vision Insurance. Please contact our office for a quotation.

Thank you for renewing your Constable Liability Insurance through Republic Underwriters, Inc. If you have any questions, please feel free to contact me directly at 248-554-3315.

Sincerely,
REPUBLIC UNDERWRITERS, INC.

A handwritten signature in cursive script, appearing to read "Scott W. Dickinson".

Scott W. Dickinson
President



Republic Underwriters, Inc.
P.O. Box 1197
Troy, MI 48099-1197
248-641-7800 FAX 248-641-8857
scottd@republicund.com

CONSTABLE PROFESSIONAL LIABILITY 2021 RENEWAL APPLICATION - LA

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 LA Zip _____

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

- Check # _____ Enclosed in the amount of \$ _____
 Please process payment via EFT (see form enclosed) Online Payment via Credit / Debit Card

Application can be submitted by the following methods

- Enclosed Return Envelope
- Fax to 248-641-8857
- E-mailed scottd@republicund.com

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.

The diagram shows a check with the following fields and numbers:

- YOUR NAME: 678 Main Street, Anywhere, MI 12345
- DATE: _____
- PAY TO THE ORDER OF: _____
- Amount: \$ _____ DOLLARS
- Routing Number: 123456789
- Account Number: 123456789
- Check Number: 123

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