



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
- 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	\$16.00	\$50.00	\$466.00* Annually
\$500,000/\$500,000	\$715.00	\$28.60	\$50.00	\$793.60* Annually
\$1,000,000/\$1,000,000	\$880.00	\$35.20	\$50.00	\$965.20* Annually

*Premiums includes 4% State Tax and \$50 Policy Fee

*Master Policy Start Date is March 4, 2021, annual premiums will be pro-rated until March 4, 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 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 - MA

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. What is the name of the jurisdiction 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 occurrence and complete the chart below.

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

REQUESTED LIMIT:

- \$466.00 PREMIUM** - \$250,000/\$500,000 - \$400.00 Premium - \$16.00 State Tax - \$50.00 Policy Fee
- \$793.60 PREMIUM** - \$500,000/\$500,000 - \$715.00 Premium - \$28.60 State Tax - \$50.00 Policy Fee
- \$965.20 PREMIUM** - \$1,000,000/\$1,000,000 - \$880.00 Premium - \$35.20 State Tax - \$50.00 Policy Fee

For any responses 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

PAYMENT INFORMATION:

- Check # _____ Enclosed in the amount of \$ _____ Check here for Life Insurance Quote
- Please process payment via EFT (see form on page 2) Online Payment via Credit / Debit Card

Applications can be submitted by the following methods:

- Faxed to 248-641-8857 ■ E-mail: scottd@republicund.com

Please print full Name _____

Requested Effective Date: _____

Current Coverage: Yes No Current Expiration Date _____

ONLY COMPLETE IF PAYMENT VIA EFT

Please process payment via EFT form completed below.

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: _____

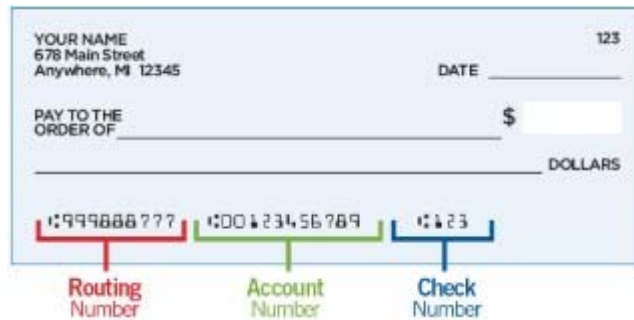
Routing Number (9 digits): _____

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

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