

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

February, 2021

**RE: Constables Liability Insurance – Renewal 03/04/21**

Dear Constable:

**Your Constable Liability Insurance Policy is expiring on 03/04/2021.**

- The premium remains competitive at \$880 plus tax and fee for the \$1,000,000 Limit of Liability. Total is \$965.20
- 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  
scotttd@republicund.com

## CONSTABLE PROFESSIONAL LIABILITY 2021 RENEWAL 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 \_\_\_\_\_ Cell \_\_\_\_\_  
City \_\_\_\_\_ Email \_\_\_\_\_  
State MA 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:

- \$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

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

*Applications can be submitted by the following methods*

- Enclosed Return Envelope   ■ Fax to 248-641-8857   ■ E-mailed scotttd@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: \_\_\_\_\_

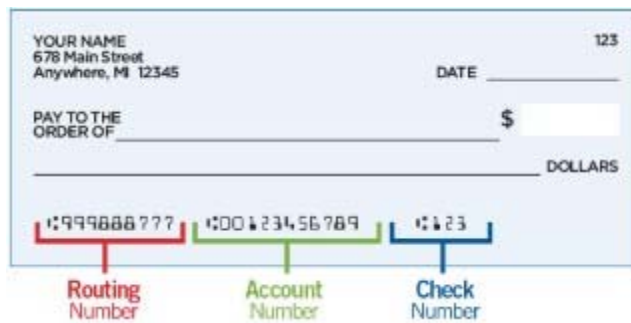
Routing Number (9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

Signature: \_\_\_\_\_

***Note you must be a signer on the bank account being used.***



**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](mailto:scottd@republicund.com)**

**Kathy Gibson @ 248-554-3319; email: [kathyg@republicund.com](mailto:kathyg@republicund.com)**

**Fax (248) 641-8857**