



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

November, 2021

**RE: Constable Liability Insurance – Renewal <CPOL.POLICY.EXP>**

Your Constable Liability Insurance policy will renew once again on February 12, 2022.

We have an optional Deductible option for the 2022-2023 policy term. If you choose the \$1,000 Deductible, your premium will remain the same as last year.

The premiums are as follows:

	<b>\$500 Deductible</b>	<b>\$1,000 Deductible</b>
<b>\$250,000/\$500,000</b>	<b>\$440.00</b>	<b>\$400.00</b>
<b>\$500,000/\$500,000</b>	<b>\$785.00</b>	<b>\$715.00</b>
<b>\$1M/\$1M</b>	<b>\$970.00</b>	<b>\$880.00</b>

- 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, 2022, we must receive your Completed Application with payment in our office by **January 31, 2022.**
- If you misplace your application, you can access a copy online at [www.republicund.com](http://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: Bradford, Beaver, Centre, Lycoming, Snyder, Washington and Pike



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

**CONSTABLES PROFESSIONAL LIABILITY  
 2022 - 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 \_\_\_\_\_ 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:** \$250,000/\$500,000 -  \$500 Deductible **\$440.00 PREMIUM**  \$1,000 Deductible **\$400.00 PREMIUM**  
 \$500,000/\$500,000 -  \$500 Deductible **\$785.00 PREMIUM**  \$1,000 Deductible **\$715.00 PREMIUM**  
 \$1,000,000/\$1,000,000 –  \$500 Deductible **\$970.00 PREMIUM**  \$1,000 Deductible **\$880.00 PREMIUM**

**If you are a Contractor for any of the following, please check and include an additional \$50.00 for the Additional Insured Endorsement(s).**  Mohegan Sun Arena  East Donegal Constable  McSherrystown Constables Office  CPKD

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

*Applications can be submitted by the following methods:*

- Enclosed Return Envelope ■ Faxed to 248-641-8857 ■ Email: [scott@d@republicund.com](mailto:scott@d@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](mailto:scottd@republicund.com)**

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

**Fax # 248-641-8857**