



P.O. Box 1197
Troy, MI 48099-1197
(248) 641-7800
(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 Options \$500 or \$1,000
- Use of Firearms and Tasers are approved with proof of acceptable training
- Defense coverage within the limit

<u>Limits</u>	<u>\$500 Deductible</u>	<u>\$1,000 Deductible</u>
\$250,000/\$500,000	\$440.00*	\$400.00*
\$500,000/\$500,000	\$785.00*	\$715.00*
\$1,000,000/\$1,000,000	\$970.00*	\$880.00*

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.

*For coverage effective February 12, 2022 and after, please contact our office for current premiums.



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CONSTABLE PROFESSIONAL LIABILITY 2022 NEW 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 _____ Cell _____
2. Are you a certified Constable? Yes No **(You must be certified for us to bind coverage, call for details)**
3. What is the name of the county you serve? _____
4. 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 (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: \$250,000/\$500,000* - \$500 Deductible \$1,000 Deductible
\$500,000/\$500,000* - \$500 Deductible \$1,000 Deductible
\$1,000,000/\$1,000,000* - \$500 Deductible \$1,000 Deductible

***Contact our office for the pro-rated 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 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 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 _____

Requested Effective Date: _____

Current Coverage: Yes No Current Expiration Date _____

PAYMENT INFORMATION:

Check # _____ Enclosed in the amount of \$ _____

Please process payment via EFT form completed below

Online Payment via Credit/Debit Card (www.republicund.com, click on online payments in the upper right hand corner, your temporary account # is NEW.)

***Reminder to contact our office for the Pro-rated Premium**

Check here for Constable Commercial Auto Quote

Accident Insurance Quote: Date of Birth: _____ / _____ / _____

BOTH PAGES OF APPLICATION MUST RETURNED

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.

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