



Republic Underwriters, Inc.
1640 Axtell Dr
Troy, MI 48084
(248) 641-7800
(800) 248-0438
(248) 641-8857 fax
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:

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

- 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

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

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

Kathy Gibson @ 248-554-3319; email: kathyg@republicund.com

Fax # 248-641-8857