



Republic Underwriters, Inc.  
P.O. Box 1197  
Troy, Michigan 48099-1197  
248-641-7800, ext. 1015 FAX: 248-641-8857

# CONSTABLE PROFESSIONAL LIABILITY APPLICATION

Provide responses to the inquiries on this application. If necessary, use Page 2 to provide detailed responses.

## I. APPLICANT INFORMATION

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ Email \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_
2. When did your term as constable begin? \_\_\_\_\_ When does it expire? \_\_\_\_\_
3. What is the name of the jurisdiction you serve? \_\_\_\_\_
4. How many executions, seizures did you complete during the last 12 months? \_\_\_\_\_

## II. TRAINING & OPERATIONS

1. Provide one copy of training certificates related to performance of duties as constable.
2. Are you certified to carry a firearm in performance of your duties? Yes  No
3. Provide name of law enforcement agency which trained you. \_\_\_\_\_
4. While on duty do you carry a firearm? Yes  No
5. Have you received training which meets minimum state requirements? Yes  No
6. Number of hours of initial training required \_\_\_\_\_ Number of in-service training hours required annually \_\_\_\_\_
7. Are you currently employed by a law enforcement agency? Yes  No   
If "yes" name the agency. \_\_\_\_\_
8. Do you conduct any moonlighting activities? If "yes" describe activities. Yes  No   


## 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
<b>Totals</b>							

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 Darwin Select 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

You must be a dues paying member of the PAFOC to enroll in this insurance program.

