

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. APPLICAN	ΓINFORM	MATION					
1. Name					Phone		
Street Address	S				Fax		
City					Email		
State		Z	ip				
2. When did you	r term as co	onstable begin	?	When	does it expire?		
3. What is the na	ime of the ju	urisdiction yo	u serve?				
4. How many ex	ecutions, se	izures did yo	u complete during	g the last 12 mont	hs?		
II. TRAINING &	& OPERAT	IONS					
1. Provide one co	opy of train	ing certificate	es related to perfo	rmance of duties	as constable.		
2. Are you certif	ied to carry	a firearm in p	performance of ye	our duties?	Ye	es 🗆	No 🗆
3. Provide name	of law enfo	orcement agen	cy which trained	you			
4. While on duty	do you car	ry a firearm?			Ye	es 🗆	No 🗆
5. Have you rece	eived trainin	ng which mee	ts minimum state	requirements?	Ye	es 🗆	No □
6. Number of ho	urs of initia	l training requ	uired	_ Number of in-se	rvice training ho	ours required ann	ıally
7. Are you curre	ntly employ	ed by a law e	nforcement agen	cy?	Ye	es 🗆	№ □
If "yes" name	the agency.	•					
8. Do you condu	ct any moo	nlighting activ	vities? If "yes" d	escribe activities.	Ye	es 🗆	No 🗆
III. CLAIMS IN	FORMATI	ON					
			been made agains ur duties as a cor	st you because of	Ve	es 🗆	No □
	•	•		e the chart below.	10	.s _	110 🗖
Date	Open	Closed	Loss Paid	Loss Reserve	LAE Paid	LAE Reserve	Total Incurred
Totals							
	the statements	and particulars in	this application and a	ttachments thereto are	true and I have not m	isstated or suppressed	any material facts. I
							underwriters. I under- is application does not
omu coverage.						_	
	Signature of Constable					Date	

ested Limit	\$1,000,000 □	Requested Effective Date			
	\$500,000 □ \$250,000 □	Current Coverage			
ny responses o	n page 1 that require ex	xplanation, provide details in space below. Entries on this form bec			
e application.					
•	You may pay by Visa o	or MasterCard by completely filling out the information below:			
ling Address of o	credit card (if differen	t from above)			
rd number:		CVV2#(last 3 digits on back of card)			
oiration Date:					

By signing above, I agree to the following terms: I agree for Republic Underwriters, Inc. to charge my MasterCard or Visa to make my entire payment.

Note: you can charge up to the amount shown on the enrollment form. If you choose a recurring payment the amount will be charged on a regular basis on or about the due date. It is not necessary for the Company to notify me when this is done. Any requirement for giving notice due shall be waived as long as this payment plan is in effect. No payment or portion thereof shall be deemed to have been paid unless and until the Company received actual payment at its home office. This payment shall in no way alter or amend the provisions of the policy and no one other than the policyholder and his assignees will have any interest in the policy. This payment plan shall continue in effect until terminated by the Company or by me. In addition the Company may terminate this payment plan immediately if any charge is dishonored upon presentation.