COMPLETE CONSTABLE SERVICES
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# CONSTABLE PROFESSIONAL LIABILITY INSURANCE APPLICATION 2026-27

- Occurrence Form Coverage
- A+ XV Rated Insurance Company
- Use of Firearms Covered if Constable has PCCD Firearms Certification
- Use of Tasers Covered if Constable has Proof of Acceptable Training
- Defense Coverage Within the Limit

This is a specialized Police Professional Liability Policy which includes Bodily Injury, Property Damage, and Personal Injury coverages. Please see the Master Policy for a complete description of coverage and any exclusions.

## UNDERWRITING QUESTIONS

Requested Effective Date: _____

1. Name _____

   Street Address _____

   City _____ State _____ Zip _____

   Phone _____ Email _____

2. Are you certified as a constable? Yes ☐ No ☐ (Must be certified to be insured)

3. In what County do you live? _____

4. Average number of hours per week performing constable duties? _____

5. Are you certified by the PCCD to carry a firearm? Yes ☐ No ☐*

   **Please note: If you carry a firearm, valid PCCD certification must be maintained throughout the policy period or policy is subject to non-renewal.*

6. While on duty do you carry a firearm? Yes ☐ No ☐

7. Are you currently an employee of a police or sheriff's department or other law enforcement agency? Yes ☐ No ☐ If "Yes", name the agency: _____

8. Please list your duties: ☐ Process Serving (warrants, summons, subpoenas, etc.) ☐ Prisoner Transport ☐ Enforcing Protection From Abuse orders ☐ Other (Describe extra duty or "moonlighting" activities): _____

9. Do you currently have coverage? Yes ☐ No ☐ If "yes", what is the policy's expiration date?

_____

10. During the past 4 years, have any claims been made against you because of occurrences related to the performance of your duties as a constable? Yes ☐ No ☐ If "Yes", please provide loss runs for the past 4 years. _____

For any responses to questions 1-10 that require explanation, reference the question number and provide details here:

## LIMITS, DEDUCTIBLE & COST

All premiums are based on a February 12 to Febuary 12 policy period. To obtain a pro-rated premium for any effective date after February 12, please contact Complete Constable Services. A nonrefundable $50 Processing Fee is charged by Complete Constable Services in addition to the premium for each policy issued.

Please select your policy's liability limits and deductible.

| LIMITS (Per Occurrence/Aggregate) | $500 Deductible | $1,000 Deductible |
|---|---|---|
| $250,000/$500,000 | ☐ $485.00 | ☐ $440.00 |
| $500,000/$500,000 | ☐ $865.00 | ☐ $785.00 |
| $1,000,000/$1,000,000 | ☐ $1,065.00 | ☐ $970.00 |

There is an additional $50 premium charged for any Additional Insured listed on the policy. If you are a contractor for any of the follow entities, please check any that apply and include an additional $50 for each one.

☐ East Donegal Constable ☐ Mohegan Sun Arena ☐CCOP ☐ CPKD ☐ Other: _____

IMPORTANT NOTICES; STATE FRAUD NOTICES

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attestation: The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signing of this application does not bind the signer to purchase the insurance, but is is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.

_____ _____

Signature of Constable Date

# PAYMENT INFORMATION

| | |
|---|---|
| Annual or Pro-rated premium | $ _____ |
| Processing Fee | + **$50** _____ |
| Additional Insured(s) @ $50 each | + $ _____ |
| Total Due | $ _____ |

☐ Check # _____ enclosed in the amount of $ _____ Made Payable to Complete Constable Services

☐ Made Debit/Credit Card payment through website in the amount of $ _____. Website: www.completeinsurancepa.com (Click on the menu icon in the top righthand corner, the drop box will have a Pay Online option, click on that and complete the form.) Don't forget to check with us if the premium is pro-rated.