



9020 Stony Point Pkwy, Suite 455 P.O. Box 35471 Richmond, Virginia 23235  
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Provide responses to the inquiries on this application. If necessary, use Page 2 to provide detailed responses.

<b>I. APPLICANT INFORMATION</b>	
1. Name _____	Phone _____
Street Address _____	Fax _____
City _____	E Mail _____
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 execution did you complete during the last 12 months? _____	

<b>II. TRAINING &amp; OPERATIONS</b>	
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 <input type="checkbox"/> No <input type="checkbox"/>
3. Provide name of law enforcement agency which trained you. _____	
4. While on duty do you carry a firearm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you received training which meets minimum state requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
If "yes" name the agency. _____	
8. Do you conduct any moonlighting activities? If "yes" describe activities.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>III. CLAIMS INFORMATION</b>							
During the past 4 years, have any claims been made against you because of occurrences related to performance of you duties as constable? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>							
If "yes" provide a summary of all occurrence and complete the chart below.							
<b>Date</b>	<b>Open</b>	<b>Closed</b>	<b>Loss Paid</b>	<b>Loss Reserve</b>	<b>LAE Paid</b>	<b>LAE Reserve</b>	<b>Total Incurred</b>
<b>Totals</b>							

I hereby delcare 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 will the basis of my acceptability with the United National Specialty 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
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