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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 _____ 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? _____

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 you duties as 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
Totals							

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 will be the basis of my acceptability with the United National Specialty 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

