



APPLICATION FOR OFF-DUTY POLICE PROFESSIONAL LIABILITY COVERAGE

E. R. MUNRO

COMPANY
bonds and insurance

One Gateway Center, Suite 400
 420 Fort Duquesne Boulevard
 Pittsburgh, PA 15222-1460
 Phone: 877-376-8676
 Fax: 412-281-6195
 Email: info@ermunro.com

NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS

STEP 1: DETERMINE LIABILITY LIMITS DESIRED.

Select	Limit of Liability	Premium	Hotline, Taxes/Fees (Required)	Total Due (Premiums + Fee)
<input type="radio"/>	\$100,000	\$250.00	\$50.00	\$300.00
<input type="radio"/>	\$250,000	\$450.00	\$50.00	\$500.00

STEP 2: PROVIDE INFORMATION ABOUT THE APPLICANT

- A.** Full Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-Mail: _____
- B.** Are you a full-time police officer? Yes No
 Name of employer/agency: _____
- C.** The average number of off-duty hours worked each month: _____
- D.** Have you ever been the subject of a disciplinary action as a result of professional services, had any errors & omissions claims made against you, or have knowledge or information of any act, error, or omission which might reasonably be expected to give rise to a claim? Yes No
“Yes”, please provide details as a separate attachment.

Payment Options

A. Check For Full Amount Due, Payable to E.R. Munro & Company

B. Credit Card

VISA MasterCard AMEX _____
CREDIT CARD NUMBER EXP DATE CCV

_____ Date Applicant's Authorized Signature

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.

Agency Name: _____
 Contact Name: _____ E-Mail: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Telephone: _____