



MARICOPA COUNTY SHERIFF'S OFFICE
**OFF-DUTY INSURANCE
AGREEMENT**



PAUL PENZONE, SHERIFF

INSURANCE AGREEMENT COVERAGE OF OFF-DUTY MARICOPA COUNTY SHERIFF'S DEPUTIES

The undersigned employer agrees that with respect to its employment of off-duty sheriff's deputies out of the Maricopa County Sheriff's Office, the following terms and conditions will apply as to insurance coverage for such deputies:

- 1) For purposes of workers compensation and general liability coverage, each off-duty deputy employed will be considered an employee of the undersigned employer while performing duties on behalf of the undersigned employer. The only exception is in those cases where an incident requires the deputy to act in a strictly law enforcement capacity.
- 2) To the fullest extent permitted by law, the undersigned employer shall defend, indemnify, and hold harmless Maricopa County, the Maricopa County Sheriff's Office, its agents, representatives, officers, directors, and officials from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, relating to, arising out of, or alleged to have resulted from the acts, errors, omissions or mistakes, of the off-duty deputy hired hereunder. This indemnification and hold harmless agreement will not pertain to those actions by the off-duty deputy that are strictly law enforcement actions.
- 3) The undersigned employer will obtain and keep in full force and effect general liability insurance, with single and aggregate limits of at least \$2 million dollars, and workers compensation insurance, with statutory limits, during the period of time any off-duty deputy is employed hereunder. Maricopa County shall be named as an additional insured under the general liability policy, and the hired deputy shall be listed as an employee under the workers compensation policy. The undersigned employer will provide the Sheriff's Office a certificate of Insurance evidencing this coverage.

Read and Agreed to this _____ day of _____, 20_.

Company

Maricopa County Sheriff
By his designee

Owner Printed Name

Owner Signature

Original: To Sheriff's Office Headquarters for filing. **Copies:** Provided to the employee.



LAWENFO-01

SLJLA1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/20/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		FAX (A/C, No):	
	PHONE (A/C, No, Ext):			
INSURED	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A:			
	INSURER B:			
	INSURER C:			
	INSURER E:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

PRR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVQ	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER				12/12/2018	12/12/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000 MED EXP (Any one person) \$ 6,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (EA OCCURRENCE) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY				12/12/2018	12/12/2019	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000				12/12/2018	12/12/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED (Mandatory in NH) If yes describe above: DESCRIPTION OF OPERATIONS below		N/A		09/01/2018	09/01/2019	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Maricopa County Sheriffs Officers
550 W Jackson Street
Phoenix, AZ 85003

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE