



PORTSMOUTH POLICE DEPARTMENT

PRIDE . PROFESSIONALISM . DEDICATION

Process for Secondary Employment Exercising Law Enforcement Authority

Thank you for your interest in hiring off-duty police officers for Secondary Employment Exercising Law Enforcement Authority. All secondary employment must have the approval and agreement of the Chief of Police.

In order to approve your potential secondary employment, please note the following:

- While the secondary employment is approved for officers to work, there exists no compulsion for officers to work the opportunity. Shifts will be filled on a voluntary basis, and some requests may be unfilled.
- All secondary employment with Law Enforcement Authority must occur within the City of Portsmouth (jurisdictional limitations).
- Officers working secondary employment are employees/contractors of the hiring entity. The hiring entity is responsible for income reporting, liability insurance, and workers' compensation insurance.
- The agreement document must be signed/executed by a person lawfully able to bind the Secondary Employer to noted terms.
- The agreement document must have attached (at the time of submission) a Certificate of Insurance for the business/address hiring officers, providing at least \$1,000,000 general liability coverage, Workers' Compensation coverage, and must list the City of Portsmouth as an additional named insured (sample attached).
- Please complete the Secondary Employment Contract form, top paragraph, items 1-6, and "employer name, title, signature, and date." Individual officers will utilize this form to acknowledge acceptance of the employment and establish a working relationship with the Secondary Employer.
- The complete package must be submitted to the Part Time/Extra Duty Coordinator, Sgt. Mark Luck, a minimum of seven (7) business days before the work is to commence.
- The package will be reviewed by the Chief of Police and the City Attorney prior to acceptance/agreement.

Sgt. Mark Luck
Extra Duty Coordinator
extradutyofficer@portsmouthva.gov

Attachments:

Agreement
Sample Certificate of Insurance
Officer Contract

Understanding the Acord Certificate of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 8/1/2012

PRODUCER

ACME Insurance Agency
123 Agent Street
Anywhere, NH 03400

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

ABC Company
999 Policyholder Avenue
Anytown, NH 03400

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Best Insurance of NH	
INSURER B: Star Insurance	
INSURER C: State Insurance Company	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	GL1234567	7/1/17	7/1/18	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP OR AGG \$ 2,000,000
B	X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BA-27582-09	7/7/17	7/7/18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	X	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	2751-82-0953 UM	6/15/17	6/15/18	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICIES/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N	WC-94155-09	7/7/17	7/7/18	<input checked="" type="checkbox"/> WC STATUTORY LIMITS 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 / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS <div style="border: 1px solid black; padding: 5px; background-color: yellow;"> City of Portsmouth is named additional insured. </div>						

CERTIFICATE HOLDER

City of Portsmouth
801 Crawford Street,
Portsmouth VA, 23704

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *Bill Smith*

ACORD 25 (2009/01)

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PRODUCER
Insurance Agent/Broker who issues certificate.

NAME OF INSURED
Must be the legal name of the contracting party.

INSR LTR
The letter entered here indicates the company providing this coverage from the list of "Insurers Affording Coverage" previously listed.

ADD'L INSRD
Beside each required coverage this block should be marked - This indicates you are an Additional Insured on the referenced policy

TYPES OF INSURANCE
Indicates coverages provided.

POLICY FORM
"Claims made" or "occurrence" form; *see definition below

GEN'L AGGREGATE LIMIT
This indicates that the coverage limit applies to the policy, project or location.

POLICY NUMBER
Actual policy number must be provided.

CERTIFICATE HOLDER
Should be your company's legal name.

NOTICE OF CANCELLATION
Must be modified as indicated; 30 days minimum required.

AUTHORIZED REPRESENTATIVE
Must be signed by agency personnel,

DATE
Actual date certificate was issued.

INSURERS AFFORDING COVERAGE
Name of insurance companies who provide coverages.

LIMITS OF INSURANCE
Should be equal or greater to limits on your policy.

POLICY EXPIRATION DATE
If occurrence form, date must be on or after termination of contract.

POLICY EFFECTIVE DATE
Must be prior to or coincidental with effective date of contract.

DESCRIPTION OF OPERATIONS
Identifies operations, locations and special provisions for this certificate.

* For "occurrence" form coverage, date should be on or after the termination date of contract; if "claims-made coverage," coverage must survive for a period not less than three years following termination of contract and should provide for a retroactive date of placement prior to or coinciding with the effective date of contract.

How do I read a Certificate of Insurance?

Certificates of Insurance are usually one page and show coverage and limits. Most insurance agencies use a standardized blank form that lists several different types of insurance, so be aware **only those types of insurance checked off in the left column are the policies that are in effect**. The policy limits for those checked items will be specified in the far right column under Limits.

The middle column of the certificate should show the **policy effective dates**. Make sure the certificate you receive and submit to the college is current and not expired. Most certificates expire within 12 months – so the vendor has to ask for a new certificate *every year*.

If the City's agreement with the vendor requires the City be named as **additional insured** then the City should see wording to that effect in the Description of Operations/ Locations/ Vehicles/ Special Items section towards the bottom of the certificate. Sample wording could be: "The City of Portsmouth is named as additional insured" OR "The Certificate Holder is named as additional insured".

The bottom left hand corner of the certificate should list City of Portsmouth 801 Crawford Street Portsmouth, VA 23704, as the **Certificate Holder**. Please make sure the City's business address appears in this box and NOT the vendor's address. This is the address that the proof of insurance will be mailed to AND this is the box that lists who is named as additional insured.

The certificate should be signed by an agent, broker or other representative authorized to issue certificates (rubber stamp signature is permissible).

It's not uncommon to have multiple certificates if the City is requiring more than one type of insurance (i.e. not everyone purchases insurance from just *one* insurance company). Proof of *property* coverage and proof of *liability* coverage are commonly shown on two separate certificates.

Review the sample Certificate of Insurance on the next page.