

I, (NAME) _____,
(POSITION) _____,
(ADDRESS) _____,
(CITY) _____,
(TELEPHONE) _____.

DO HEREBY AGREE TO COVER SAID EMPLOYEE(S) UNDER WORKER'S COMPENSATION WHILE EMPLOYED BY OUR ORGANIZATION. I FURTHER AGREE THAT THE CITY OF GOLDSBORO WILL HAVE NO LIABILITY FOR ANY ACTS OF SAID EMPLOYEE(S) WHILE IN MY EMPLOYMENT. I AGREE TO HOLD HARMLESS AND INDEMNIFY THE CITY OF GOLDSBORO FOR ANY DAMAGES, INCLUDING THE PAYMENT OF ATTORNEY'S FEES, INCURRED BY THE CITY OF GOLDSBORO PURSUANT TO SAID OFFICER'S OFF-DUTY EMPLOYMENT WITH OUR ORGANIZATION. UPON REQUEST, I FURTHER AGREE TO FURNISH THE GOLDSBORO POLICE DEPARTMENT ANY EMPLOYMENT RECORDS PERTAINING TO SAID EMPLOYEE. I AM ALSO AWARE OF THE POLICE DEPARTMENT'S POLICY ON SHOPIFTING ARRESTS.

EMPLOYER'S SIGNATURE: _____
DATE: _____