Community Employment

Insurance Checklist

To the Community Employment Sponsor: Please have this document completed and signed by your Insurer or Broker and returned to the local DEASP Community Development Officer (see Notes overleaf).

Sponsor: ____________________________________________________________

Community Employment Agreement Number: __________________________

Description / Activities: _____________________________________________

____________________________________________________________________

No. of Participants: ____________________________ Total Wages: __________

Period of agreement: - From _____ / _____ / 20______ To _____/ _____ / 20______

Employers/Public/Employment Practices/Directors-Officers Liabilities

1. Does your policy provide an indemnity to the Department of Employment Affairs and Social Protection (DEASP)?
   Yes ☐ No ☐

2. We have read the Community Employment Agreement between the insured and DEASP and confirm that the Insured’s policy provides indemnity in respect of the activities outlined in the Agreement.
   Yes ☐ No ☐

3. Does the policy cover the full period as specified in the Agreement?
   Yes ☐ No ☐

4. Is the limit of indemnity:
   a. Employer’s Liability €13.00m?
      Yes ☐ No ☐
   b. Public Liability - Minimum €6.5 m required € _________
      Yes ☐ No ☐
   c. Employment Practices Liability - Minimum €500,000 required € ________
      Yes ☐ No ☐
   d. Directors/Officers Liability €500,000
      Yes ☐ No ☐

5. In the event of cancellation or any restriction affecting insurance for the insured will you undertake to advise DEASP at least 14 days prior to its implementation?
   Yes ☐ No ☐
Name of Insured: _________________________________________________________________

Insurer (see Note 1 below): _______________________________________________________

Policy No.: ____________________________________________________________________

Description of Business: _________________________________________________________

Signed on behalf of the Company ______________________ Date _____ /_______ / ________

Company Stamp:

   

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Notes
1. Insurer must be licensed by the Central Bank of Ireland.
2. Cover must be provided for the full periods of the Community Employment Agreement irrespective of the period of insurance and/or renewal date of the Sponsor’s policy.
3. The Insurer or Broker should ensure that the description/activities detailed by the Sponsor, and contained in the DEASP Community Employment Agreement, are fully covered under the Sponsor’s Liability Policy. A copy of this agreement is available from the Sponsor.
4. In the event of your Insurer/Broker being unable to complete this form satisfactorily please contact your local DEASP Office.