



# Community Employment

## Insurance Checklist

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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: Yes  No 
  - 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:**



**Insurance Checklist**

**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.