Job Initiative

Insurance Checklist

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

Sponsor: ______________________________________________________________________________________________________

Job Initiative 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 Social Protection (DSP)?

   Yes □ No □

2. We have read the Job Initiative Agreement between the insured and DSP 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 DSP 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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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 Job Initiative 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 DSP Job Initiative 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 DSP Office.