



Third Party Insurance Questionnaire

The General Indemnity Scheme, as operated by the State Claims Agency (SCA), provides indemnity to a Delegated State Authority¹ (DSA) for personal injury and third party property damage which is the result of the negligence of the DSA, its servants and/or agents. Please refer to the GIS Confirmation Statement which can be obtained from the relevant DSA. The statement confirms that the DSA is covered for its negligence when it is performing its various functions. This Statement does not extend to a third party's negligent act(s).

The following questionnaire is intended to ascertain the current insurance arrangements in place for your organisation before entering into a contract for service with the DSA. The questionnaire can be completed by your organisation or your broker. These are not the final insurance requirements for the contract; a DSA may request additional cover or limits of indemnity following assessment of the information provided. This form should be completed accurately and should be a true reflection of the insurance cover in place.

This form should be used in conjunction with the SCA's Guidance on Indemnity and Insurance.

DSA name and contact details	
Organisation name and contact details	
Is the name of the contractor the same as the name of the insured or 'trading as'?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Scope of services/contract	

¹ Delegated State Authority (DSA) – refers to all bodies where management of personal injury and third-party property damage claims against the body is delegated to the SCA. This includes State Agencies, healthcare enterprises, community & comprehensive schools and prisons.



<p>Are you engaging a subcontractor for the services provided? If 'yes', provide details of services provided and the insurance arrangements for these subcontractors engaged.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Confirm territorial limits and jurisdiction of insurance policies include Republic of Ireland</p>	
<p>Insurer authorised to transact business within the Republic of Ireland (or within the EU under the freedom of Services Directive).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>



Insurance Type	Employers Liability (not required if self-employed)	Public Liability	Product Liability	Professional Indemnity	<i>(include additional insurance details if necessary)</i>	<i>(include additional insurance details if necessary)</i>
Insurer						
Policy Number						
Renewal Date						
Scope of Policy – insured name and business description correct and relevant to service provided?	Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:	Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:	Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:	Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:		
Limit of Indemnity	€12.7m for any one claim or series of claims arising out of a single occurrence. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	€6.5m any one claim or series of claims arising out of a single occurrence. This limit may be lower for some contracts. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	€6.5m any one occurrence and in the aggregate per insurance year. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			



Insurance Type	Employers Liability (not required if self-employed)	Public Liability	Product Liability	Professional Indemnity	<i>(include additional insurance details if necessary)</i>	<i>(include additional insurance details if necessary)</i>
Deductibles/Excesses	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? €	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? €	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? €	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? €		
Is the policy a claims made or occurrence policy?	Claims made <input type="checkbox"/> Occurrence policy <input type="checkbox"/>	Claims made <input type="checkbox"/> Occurrence policy <input type="checkbox"/>	Claims made <input type="checkbox"/> Occurrence policy <input type="checkbox"/>	Claims made <input type="checkbox"/> Occurrence policy <input type="checkbox"/>		
Does the policy have any run off period? If a claims made policy				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, until when?		
Indemnity to principal clause	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Exclusions/Restrictions/Conditions/Warranties which are relevant to the contract/service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		



Insurance Type	Employers Liability (not required if self-employed)	Public Liability	Product Liability	Professional Indemnity	<i>(include additional insurance details if necessary)</i>	<i>(include additional insurance details if necessary)</i>
Other relevant information						

Note: Where a 'yes' or 'no' box is coloured in red above, **this should be reviewed by the DSA** before entering into a contract for service with the DSA.

Completed by

Signed

Date