

1. Insurance Details

Please provide evidence of current insurances in place:

	Employers Liability	Public Liability
Level in place: €		
Details of any excesses: €		
Name of Insurance Company:		
Expiry Date:		

Candidates must provide evidence of insurances in place by way of copies of insurance certificate and financial level of cover in place, together with a memo from your insurer that an indemnity for Dublin Docklands Development Authority to the minimum levels outlined below will be available.

Please note that if successful the minimum levels of Employers Liability of €13 million and Public Liability of €6.5 million will be required.

2. Organisation Profile. Has the organisation a proven track record of event organisation and delivery ?

If "Yes", please provide details of relevant experience in event delivery, including CV's of key personnel, and their relevant qualifications.

If "No", please outline how you propose to produce and manage the event and provide the necessary documents as required in accordance with guidelines as set out in the Dublin City Council Event Advisory Handbook and in compliance with other relevant events guidelines and legislation)

***Please note that the services of a competent event safety consultant and event manager are required for any event proposed for the public spaces.**

3. Name Key Event Personnel and provide details of their relevant experience and qualifications (Event Manager, Safety Officer, Chief Steward, PR and Marketing Personnel etc.)

* **NB** CV's of key personnel must be included – please note that the services of a recognised competent event safety consultant and suitably qualified and experienced event manager must be provided for any event proposed for the public domain.

Declaration Form

I/We certify that all information provided in this application and all the information given in any documentation submitted in support of this application is truthful and accurate.

I/We understand that any materially misleading statements (whether deliberate or accidental) given at any stage during the application process could render the application invalid and the applicant liable to return any money already paid out by Dublin Development Authority .

I/We also undertake to notify Dublin Docklands Development Authority of any changes in the event's/organisation's circumstances that could affect this application

Signed: _____

Name (print): _____

Date _____

THIS DECLARATION, DULY COMPLETED, MUST BE SUBMITTED BY ALL APPLICANTS

Name of Applicant: _____

Address: _____

Country: _____

Please tick Yes or No as appropriate to the following statements relating to the current status of your organisation.

The Applicant is bankrupt or is being wound up or its affairs are being administered by the court or have entered into an arrangement with creditors or have suspended business activities or are in any analogous situation arising from a similar procedure under national laws and regulations.

Yes [] No []

The Applicant is the subject of proceedings for a declaration of bankruptcy, for an order for compulsory winding up or administration by the court or for an arrangement with creditors or of any other similar proceedings under national laws and regulations.

Yes [] No []

The Applicant a Director or Partner, has been convicted of an offence concerning his professional conduct by a judgement, which has the force of res judicata, or been guilty of grave professional misconduct in the course of their business.

Yes [] No []

The Applicant has not fulfilled its obligations relating to the payment of taxes or social security contributions in Ireland or any other State in which the event is located.

Yes [] No []

The Applicant, a Director or Partner has been found guilty of fraud.

Yes [] No []

The Applicant, a Director or Partner has been found guilty of money laundering.

Yes [] No []

The Applicant, a Director or Partner has been found guilty of corruption.

Yes [] No []

The Applicant, a Director or Partner has been convicted of being a member of a criminal organisation.

Yes [] No []

The Applicant has been guilty of serious misrepresentation in providing information to a public buying agency.

Yes [] No []

The Applicant has contrived to misrepresent its Health & Safety information, Quality Assurance information, or any other information relevant to this application. Yes [] No []

THIS FORM MUST BE COMPLETED AND SIGNED BY A DULY AUTHORISED OFFICER OF THE TENDERER'S ORGANISATION

I certify that the information provided above is accurate and complete to the best of my knowledge and belief.

I understand that the provision of inaccurate or misleading information in this declaration may lead to my organisation being excluded from participation in this and future competitions.

SIGNATURE _____

DATE: _____

NAME _____

TEL: _____

POSITION _____
