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| **Appendix B - Financial and Economic Capacity** |  |
| Tender Competition | Cavan County Council Artist Panel |
| Name of Tenderer |       |
| **Tax Clearance Certificate - Self Declaration**  | **Please confirm YES/NO** |
| 1. **I confirm and declare having a current and valid Tax Clearance Certificate in place and my/ our tax affairs are in order.**

Cavan County Council can verify your tax clearance status through Revenue’s online facility at <https://www.revenue.ie/itp/view.jsp>. To this end, please confirm:

|  |  |
| --- | --- |
| Do you grant Cavan County Council permission to verify your tax cleared position online? |  |
| Registration Number*(as shown in your Tax Clearance Certificate)****Or*** Your Tax Clearance Access Number |       |
| Certificate Number*(as shown in your Tax Clearance Certificate)****Or*** Tax Reference Number |       |

**OR** |  |
| 1. **I confirm that I have applied for a Tax Clearance Certificate which will be made available on request**
 |  |
| **Insurances** |

|  |  |
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| **Insurances - Self Declaration**  | **Please confirm YES/NO** |
| **I confirm that we have the following insurances in place:**  |
| * Public Liability - € 2.6 million
 |  |
| * Employers Liability - €13 million (only required if employing staff)
 |  |
| **OR** |  |
| 1. **I confirm that if successful I will be in a position to put the required forms and levels of insurances required for the contract in place.**
 |  |
| **I confirm that I will provide the following promptly on request at any time prior to the award decision being made:** * evidence of insurances in place or
* letter from Insurance Broker confirming that the required levels could be put in place if successful
 |  |
| **Declarations must be signed by a duly authorised officer.**I hereby declare that the above is an accurate and complete Declaration of Financial and Economic Capacity on the part of my firm in relation to this tender competition. I undertake to inform Cavan County Council of any changes to this Declaration which may arise prior to the award of contract. |
| **Signed :** |
| **Name :** |
| **Position :** |
| **Date :**  |