



**KENVERSITY COOPERATIVE
SAVINGS AND CREDIT SOCIETY LIMITED**

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TENDER DOCUMENT FOR INSURANCE SERVICES

BOARD MEDICAL SCHEME

KENV/TNDR/BMS/2024

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FORM OF TENDER

TENDER/INSURANCE 2024

RE: TENDER FOR PROVISION OF BOARD MEDICAL INSURANCE SERVICES 2024.

In accordance with Tender for provision of insurance services received from Kenversity Cooperative Savings and Credit Society Limited. I/Wehereby tender for this service in accordance with the attached tender forms/conditions of tender/ schedule of requirements at the price/fee/charge against each item and in conformity with the scheduled delivery arrangements stated. This applies to item category no: only in the schedule representing a total amount of (premium sum) Kshs.....tendered for.

I/We understand the Society reserves the right to accept or reject this tender in part or whole for any reason it considers justifiable and is not obligated to disclose such reason.

I/We agree that terms of this tender will remain valid for and will not be withdrawn for a period of 90 days from the final date for submission of tender.



CONDITIONS OF TENDERING

Serial No.

Miscellaneous Receipt No.

Date of Receipt

Amount in Kshs..

1. DEFINATIONS

The Tenderer is the person; agency of firm of contractor's who/which undertakes to supply the goods/services described in the tender documents.

The signatory must be a recognized official of the company and be authorized to sign on its behalf.

2. DOCUMENTS

2.1 The tender will receive a miscellaneous receipt of payment for tender documents. These include the following forms in duplicate:

- (i) **Form of tender**
- (ii) **Conditions of tendering** (iii) **Confidential business questionnaire,**

The Tenderer should retain one set for his records and return the other set in accordance with these conditions.

2.2.1 The Tenderer is required to check the number of pages of the document accompanying the **form of Tender**. Should any be missing or any figure indistinct, or should there be doubt about the precise meaning of any item or figure for any reason whatsoever he/she must inform the tender issuing officer at once and have the matter rectified as required before the final date for submission of tenders.

2.2.2 The Tenderer's signature to all documents shall indicate that he/she fully understands their contents and that he/she accepts all the conditions stated or applied therein.

3. SUBMISSION OF TENDERS

3.1.1 Attention is invited to the tender notice. The complete tender documents must be submitted to the address shown on the form of tender in a sealed plain envelope endorsed on the out cover with **Tender for provision of insurance services with tender number as above** . Indication of Tenderer's named/mark should not appear on the envelope.

3.1.2 The form of tender must be properly signed in ink, dated and must accompany any other documents concerned with the tender.

3.1.3 The tender will not be accepted unless correctly submitted on the approved forms. Tenders for which the appropriate fee has not been paid will not be considered valid. Tender to be deposited in the Tender box at the **Kenversity Office** not later than the appointed time and date.

4. COMMUNICATION

4.1.1 There shall be no verbal variations in regard to a tender once submitted. Should an error be made it may be corrected in writing before the closing date.

4.1.2 All correspondence with the Tenderers will be sent to the address shown on the form of tender by post.

5. LIABILITY

No liability will be admitted nor claim allowed for error in the tender owing to mistakes in those documents, which should have been rectified in the manner, described above.

6. ACCEPTANCE

The society reserves the right to accept or reject any tender either wholly or in part and is not bound to accept the lowest or any tender or to give reason for rejection.

7. SUCCESSFUL TENDERERS

A letter of acceptance will be sent to the successful Tenderer in respect of the whole or that part of tender, which has been accepted within a validity period of 90 days.

COMPLIANCE WITH GIVEN CONDITIONS

CURRENT TRADE LICENCE NO. _____ EXP. DATE: _____

V.A.T. REG. NO. _____

PIN NUMBER: _____

NAME OF YOUR AUDITORS: _____

OTHER GOVERNMENT STATUS: _____

COPY OF CURRENT LICENSE FROM COMMISSIONER OF INSURANCE.

BROKERS MUST ATTATCH COPY OF THE CURRENT MEMBERSHIP CERTIFICATE.

BID BOND 2% OF PREMIUM FROM REPUTABLE BANK

REFEREE:

NAME OF COMPANY:.....

ADDRESS:.....

CONTACT PERSON:.....

SIGNATURE:..... DATE:.....

COMPANY STAMP

If a Tenderer does not comply in anyway with these conditions where necessary, the tender shall be liable to rejection.

Tenderer's name ----- witness name -----

Address -----Address -----

Signature -----Signature -----

Date ----- Date -----

CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give particulars indicated in Part I and either part 2 (a) 2 (b) 2 (c) whichever is applicable in your type of business. You are advised that false information/particulars will result in automatic disqualification and render the tender void.

Part 1 – General

Business Name -----

Location of business premises -----

Plots number -----Street/Road-----

Postal Address -----

Telephone number -----

Nature of business -----

Registration number -----

Trade license Number ----- Date of Expiry -----

Maximum value of Business you can handle Kshs -----

Name of your bankers -----

Branch/address -----

Part 2 (a) – Sole Proprietor:-

Your name in full ----- Age -----

Nationality ----- Country of origin -----

Citizenship details -----

Part 2 (b) Partnership:-

Give details of partners as follows:-

Name Citizenship details shares

1. ----- 2.

3. -----
4. -----

Part 2 (c) Registered company

Private or Public -----

State the normal and issued capital of the company:

Normal Kshs.....

Issued Kshs.....

Details of the Directors:-

Name Nationality/citizenship Shares

1. ----- 2.

3. -----

Date: ----- Signature of Tenderer -----

Official stamp -----

If Kenyan citizen, indicate under "citizenship Details " whether by birth, nationalization or registration.

In the event of this tender being accepted in part or in full within the stipulated 90 days, I/We agree to supply against an order signed by an authorized officer of the Society and failure to do so will constitute breach of contract.

Tenderer's Name ----- Witnessed by -----

Tenderer's Signature ----- Address -----

Designation ----- Signature -----

Full address ----- Date -----

Telephone Number -----

E/Mail -----

Fax -----

Date -----

Official stamp/seal.

Tenderer's name in full ----- Signature -----

Address -----

Telephone number -----

Proprietor (s) -----

Are you a Kenyan, if not, state your Nationality -----

State whether limited company or partnership -----

Name and address of your bankers -----

Bankers certificate on the Tenderer's Liquidity, suitability, and credit limitation -----

Bankers signatory – Manager/Accountant ----- Date -----

Banker's official stamp -----

Tenderer (s) Locality –..... Road/Street -----

Plot No. -----

Name of the Building ----- Door No. -----

Company Rubberstamp ----- Date -----

Complete all spaces as appropriate".

COMPANY NAME:

PHYSICAL ADDRESS:

TELEPHONE NO.

EMAIL ADDRESS:

CONTACT PERSON:



BID SECURITY

TENDER: PROVISION OF BOARD MEDICAL INSURANCE SERVICES FOR YEAR 2024

1. Security bond executed on -----
2. In the penal sum Kshs. -----amount in words ----- being 2% of the items bided.
3. Tenderer/bidder----- 4. Security for Tenderer/bidder ----- 5. Date of closing of Tender -----
6. We the Tenderers and the surety above named are held firmly bound to pay Kenversity Cooperative Savings and Credit Society Limited the penal sum stated above and hereby bind ourselves, our heirs, executors, administrators, successors and assignees, jointly and severally there to.
7. WHEREAS the Tenderer has submitted the accompanying bid dated as shown above for provision of insurance services.
8. NOW THEREFORE, the condition of this obligation is such that, if the Tenderer shall not withdraw the bid within the period therein stipulated and, if the Bid within the period of 14 days after the prescribed forms are presented to him for signature, execute such further contractual documents as may be required by the terms of Bid and give bond with good and sufficient surety for the faithful performance and proper fulfillment of the resulting contract, then this obligation shall be void and of no effect, but otherwise, shall remain in full force and effect.
9. The Tenderer shall bring any claim against the surety not later than 14 days after the default.
10. Executed on the date indicated above, by the following representatives of the parties heretofore hereunto duly authorized:

FOR TENDERER

FOR SURETY

(Name & Title)

(Name & Title)

(Signature)

(Signature)

Witness:

1. ----- Sign ----- Date -----



TENDER FOR PROVISION OF BOARD OF DIRECTORS MEDICAL INSURANCE FOR YEAR 2024.

CLASS OF POLICY	COVER	SCHEME BENEFITS.	ITEM INSURED	VALUE KSHS	PREMIUM QUOTED KSHS	REMARKS
Board Medical Scheme	<ul style="list-style-type: none"> 12 members of Kenversity Sacco Board Number of people covered – Principal and nuclear family members. List as attached for details of principle and dependents. 	<ul style="list-style-type: none"> Accident hospitalization up to Kshs.1,100,000/- per Family. Illness hospitalization up to Kshs.1,100,000/- per Family. (Stand alone). Maternity up to Ksh.100,000/- per year. (Stand alone) Dental Cover Kshs.30,000/- (stand alone) Outpatient Cover Limit Per Family 230,000 Optical cover (Kshs.30,000/- .(stand alone) MCH/Family planning; Health Education/Counselling Funeral expenses limited to Kshs.50,000/- per person Chronic/Terminal disease and illness inclusive e.g Cancer and HIV Aids Covid-19 Pandemic (Testing, Treatment and medications). 	In-Patient Out-Patient (as per attached list and limits).			

BOARD MEDICAL COVER LIMITS FOR THE YEAR 2024

NO	NAME	PRINCIPLE PLUS DEPENDANTS	OUTPATIENT COVER LIMIT PER FAMILY	IN PATIENT COVER LIMIT PER FAMILY	ACCIDENT AND HOSPITALIZATION PER FAMILY	ILLNESS HOSPITALIZATION PER FAMILY	MATERNITY COVER (STAND ALONE)	OPTICAL COVER PER EACH FAMILY MEMBER	DENTAL COVER PER EACH FAMILY MEMBER
1	PRINCIPAL 1	6	230,000	1,100,000	1,100,000	1,100,000	100,000	30,000	30,000
2	PRINCIPAL 2	6	230,000	1,100,000	1,100,000	1,100,000	100,000	30,000	30,000
3	PRINCIPAL 3	6	230,000	1,100,000	1,100,000	1,100,000	100,000	30,000	30,000
4	PRINCIPAL 4	6	230,000	1,100,000	1,100,000	1,100,000	100,000	30,000	30,000

5	PRINCIPAL 5	6	230,000	1,100,000	1,100,000	1,100,000	100,000	30,000	30,000
6	PRINCIPAL 6	6	230,000	1,100,000	1,100,000	1,100,000	100,000	30,000	30,000
7	PRINCIPAL 7	6	230,000	1,100,000	1,100,000	1,100,000	100,000	30,000	30,000
8	PRINCIPAL 8	6	230,000	1,100,000	1,100,000	1,100,000	100,000	30,000	30,000
9	PRINCIPAL 9	6	230,000	1,100,000	1,100,000	1,100,000	100,000	30,000	30,000
10	PRINCIPAL 10	6	230,000	1,100,000	1,100,000	1,100,000	100,000	30,000	30,000
11	PRINCIPAL 11	6	230,000	1,100,000	1,100,000	1,100,000	100,000	30,000	30,000
12	PRINCIPAL 12	6	230,000	1,100,000	1,100,000	1,100,000	100,000	30,000	30,000
	TOTAL								

THE FOLLOWING IS A LIST OF ITEMS/ INFORMATION THAT THE TENDERER MUST PROVIDE AS ATTACHMENTS TO THE TENDER DOCUMENTS. THIS INFORMATION WILL FORM PART OF THE TENDER EVALUATION FOR THE TENDERERS.

1. Company profile (company history, contacts, services, affiliations, certified copies of original documents defining constitutional or legal status, principal place of doing business of the company/ firm including valid business licenses)
2. Certificate of incorporation.
3. A valid tax compliance certificate or equivalent.

4. Provide details of three similar projects/ works with contact persons, undertaken under the area of the tender's interest in the last five (5) years.
5. In each of the projects in 4 above, provide reference letters from the firms/ organizations confirming the items/ goods/ services supplied and the performance.
6. Demonstration of financial capability in carrying out the project by submitting audited account for the last three years.
7. Demonstration of a proposed methodology, plan and schedule of implementation of the activity of interest.