



**KENVERSITY COOPERATIVE  
SAVINGS AND CREDIT SOCIETY LIMITED**

**P.O. BOX 10263 – 00100  
NAIROBI.**

**TELEPHONE: 020 8002371/2, 0715 114454**

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**TENDER DOCUMENT FOR INSURANCE SERVICES**

**STAFF MEDICAL SCHEME**

**KENV/TNDR/SMS/2024**

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## FORM OF TENDER

### TENDER/INSURANCE 2024

**RE: TENDER FOR PROVISION OF STAFF MEDICAL INSURANCE SERVICES 2024.**

In accordance with Tender for provision of insurance services received from Kenversity Cooperative Savings and Credit Society Limited. I/We .....hereby 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I/We agree that terms of this tender will remain valid for and will not be withdrawn for a period of 90 days from the final date for submission of tender.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:-

<b>Name</b>	<b>Citizenship details</b>	<b>shares</b>
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”.**



**BID SECURITY**

**TENDER: PROVISION OF STAFF 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 STAFF MEDICAL INSURANCE FOR THE PERIOD 2024.

CLASS OF POLICY	COVER	SCHEME BENEFITS.	ITEM INSURED	PREMIUM QUOTED KSHS	REMARKS
Staff Medical Scheme	<ul style="list-style-type: none"> <li>49 members of staff</li> <li>Number of people covered – Principal and nuclear family members.</li> <li><b>List as attached for details of principle and dependents.</b></li> </ul>	<ul style="list-style-type: none"> <li>Accident hospitalization per person per year as specified limits.</li> <li>Illness hospitalization per person per year as per specified limits (Stand alone).</li> <li>Maternity up to Ksh.150,000/- per year. (Stand alone)</li> <li>Dental Cover Kshs.40,000/- per family (stand alone)</li> <li>Optical cover up to Kshs.40,000/-.(stand alone) Per family</li> <li>MCH/Family planning; Health, Services, Education/Counselling</li> <li>Funeral expenses limited to Kshs.100,000/- per person</li> <li>Chronic/Terminal disease and illness inclusive e.g Cancer and HIV Aids</li> <li>Covid-19 Pandemic (Testing, Treatment and medications).</li> </ul>	In-Patient Out-Patient Dental Optical (as per attached list and limits).		

S.NO.	NAME	STAFF PLUS DEPENDENTS	JOB GRADE	OUTPATIENT COVER LIMIT	IN-PATIENT COVER LIMIT FOR ACCIDENT AND ILLNESS HOSPITALIZATION PER FAMILY	MATERNITY COVER (STAND ALONE)	OPTICAL COVER PER FAMILY	DENTAL COVER PER FAMILY
1	STAFF 1	5	12	230,000	1,100,000	150,000	40,000	40,000
2	STAFF 2	6	10	230,000	1,100,000	150,000	40,000	40,000
3	STAFF 3	2	10	230,000	1,100,000	150,000	40,000	40,000
4	STAFF 4	2	10	230,000	1,100,000	150,000	40,000	40,000
5	STAFF 5	4	8	220,000	800,000	150,000	40,000	40,000
6	STAFF 6	2	8	220,000	800,000	150,000	40,000	40,000
7	STAFF 7	5	7	220,000	800,000	150,000	40,000	40,000
8	STAFF 8	3	7	220,000	800,000	150,000	40,000	40,000
9	STAFF 9	2	7	220,000	800,000	150,000	40,000	40,000

10	STAFF 10	5	7	220,000	800,000	150,000	40,000	40,000
11	STAFF 11	6	7	220,000	800,000	150,000	40,000	40,000
12	STAFF 12	3	7	220,000	800,000	150,000	40,000	40,000
13	STAFF 13	6	5	220,000	800,000	150,000	40,000	40,000
14	STAFF 14	6	5	160,000	650,000	150,000	40,000	40,000
15	STAFF 15	6	5	160,000	650,000	150,000	40,000	40,000
16	STAFF 16	6	4	160,000	650,000	150,000	40,000	40,000
17	STAFF 17	3	4	160,000	650,000	150,000	40,000	40,000
18	STAFF 18	5	4	160,000	650,000	150,000	40,000	40,000
19	STAFF 19	4	4	160,000	650,000	150,000	40,000	40,000
20	STAFF 20	1	4	160,000	650,000	150,000	40,000	40,000
21	STAFF 21	4	4	160,000	650,000	150,000	40,000	40,000
22	STAFF 22	5	4	160,000	650,000	150,000	40,000	40,000
23	STAFF 23	6	4	160,000	650,000	150,000	40,000	40,000
24	STAFF 24	5	3	160,000	650,000	150,000	40,000	40,000
25	STAFF 25	7	3	160,000	650,000	150,000	40,000	40,000
26	STAFF 26	4	3	160,000	650,000	150,000	40,000	40,000
27	STAFF 27	2	3	160,000	650,000	150,000	40,000	40,000
28	STAFF 28	5	2	150,000	600,000	150,000	40,000	40,000
29	STAFF 29	5	2	150,000	600,000	150,000	40,000	40,000
30	STAFF 30	1	2	150,000	600,000	150,000	40,000	40,000
31	STAFF 31	3	2	150,000	600,000	150,000	40,000	40,000
32	STAFF 32	6	1	150,000	600,000	150,000	40,000	40,000
33	STAFF 33	5	1	150,000	600,000	150,000	40,000	40,000
34	STAFF 34	2	1	150,000	600,000	150,000	40,000	40,000
35	STAFF 35	2	1	150,000	600,000	150,000	40,000	40,000
36	STAFF 36	2	1	150,000	600,000	150,000	40,000	40,000
37	STAFF 37	2	1	150,000	600,000	150,000	40,000	40,000
38	STAFF 38	3	1	150,000	600,000	150,000	40,000	40,000
39	STAFF 39	2	1	150,000	600,000	150,000	40,000	40,000
40	STAFF 40	3	1	150,000	600,000	150,000	40,000	40,000
41	STAFF 41	4	1	150,000	600,000	150,000	40,000	40,000
42	STAFF 42	1	1	150,000	600,000	150,000	40,000	40,000
43	STAFF 43	1	1	150,000	600,000	150,000	40,000	40,000

44	STAFF 44	1	1	150,000	600,000	150,000	40,000	40,000
45	STAFF 45	5	1	150,000	600,000	150,000	40,000	40,000
46	STAFF 46	1	1	150,000	600,000	150,000	40,000	40,000
47	STAFF 47	1	1	150,000	600,000	150,000	40,000	40,000
48	STAFF 48	1	1	150,000	600,000	150,000	40,000	40,000
49	STAFF 49	1	1	150,000	600,000	150,000	40,000	40,000
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PHYSICAL ADDRESS: .....

TELEPHONE NO. ....

EMAIL ADDRESS: .....

CONTACT PERSON: .....

**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.

# KENVERSIY SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED



## TENDER FOR SUPPLIES AND SERVICE PROVISION FOR YEAR 2024

Kenversity Savings and Credit Co-operative Society Limited invites interested and eligible suppliers for supply and service provision for the year 2024 as follows:-

NO	CATEGORY NO.	DESCRIPTION	BIDDER CATEGORY
<b>TENDERS</b>			
1.	KENV/TNDR/BMS/2024	BOARD MEDICAL SCHEME	ALL BIDDERS
2.	KENV/TNDR/SMS/2024	STAFF MEDICAL SCHEME	ALL BIDDERS
3.	KENV/TNDR/PR/2024	PRINTING	ALL BIDDERS
4.	KENV/TNDR/ST/2024	SUPPLY OF STATIONERY	SPECIAL GROUPS
5.	KENV/TNDR/FFE/2024	SUPPLY AND SERVICING OF FIRE FIGHTING EQUIPMENT (Must be approved by County Government)	ALL BIDDERS
6.	KENV/TNDR/PM/2024	PROFESSIONAL DESIGNERS OF ARTWORK, BRANDING AND SUPPLY OF PROMOTIONAL MATERIALS.	SPECIAL GROUPS
7.	KENV/TNDR/SS/2024	SECURITY AND GUARDING SERVICES	ALL BIDDERS
8.	KENV/TNDR/BFP/2024	FIRE, BURGLARY AND PERIL INSURANCE	ALL BIDDERS
9.	KENV/TNDR/CIT/2024	CASH IN TRANSIT SERVICES	ALL BIDDERS
10.	KENV/TNDR/LG/2024	GROUP CREDITORS INSURANCE	ALL BIDDERS
11.	KENV/TNDR/GL/2024	GROUP LIFE INSURANCE	ALL BIDDERS
12.	KENV/TNDR/MP/2024	MONEY POLICY	ALL BIDDERS
13.	KENV/TNDR/FG/2024	FIDELITY GUARANTEE INSURANCE	ALL BIDDERS
14.	KENV/TNDR/TCP/2024	INSURANCE FOR TERRORISM, NATURAL CALAMITIES AND POLITICAL VIOLENCE	ALL BIDDERS
15.	KENV/TNDR/SNS/2024	SANITARY SERVICES	ALL BIDDERS
16.	KENV/TNDR/CS/2024	CLEANING SERVICES (EXTERIOR GLASS WALLS)	ALL BIDDERS
17.	KENV/TNDR/DCS/2024	DEBT COLLECTION SERVICES	ALL BIDDERS
18.	KENV/TNDR/AUCT/2024	AUCTIONEERING SERVICES	ALL BIDDERS
19.	KENV/TNDR/DW/2024	SUPPLY OF CLEAN DRINKING WATER	SPECIAL GROUPS
20.	KENV/TNDR/TSD/2024	SUPPLY OF TISSUE PAPER	SPECIAL GROUPS
21.	KENV/TNDR/MVR/2024	JOINT MOTOR VEHICLE REGISTRATION	ALL BIDDERS
22.	KENV/TNDR/SMRC/2024	SERVER MIRRORING/REPLICATION AND COLOCATION SERVICES	ALL BIDDERS
23.	KENV/TNDR/SCS/2024	SERVICING OF CCTV, ACCESS CONTROLS, VOIP AND STRUCTURED CABLING SYSTEMS	ALL BIDDERS
24.	KENV/TNDR/MCL/2024	MICRO CREDIT LOANS INSURANCE	ALL BIDDERS
<b>PRE-QUALIFICATION</b>			
1.	KENV/PREQ/ICT/2024	PRE-QUALIFICATION FOR SUPPLY OF HARDWARE/SOFTWARE AND ACCESSORIES	ALL BIDDERS
2.	KENV/PREQ/MAC/2024	MAINTENANCE AND SERVICING OF AIR CONDITIONERS	ALL BIDDERS
3.	KENV/PREQ/ISA/2024	ICT SYSTEM AUDIT	ALL BIDDERS
4.	KENV/PREQ/VGM/2024	HOSTING OF VIRTUAL GENERAL MEETINGS	ALL BIDDERS
5.	KENV/PREQ/PSL/2024	SACCO LAWYERS	ALL BIDDERS
6.	KENV/PREQ/DMS/2024	DATA MANAGEMENT SYSTEM	ALL BIDDERS
7.	KENV/PREQ/SRM/2024	REPAIRS & MAINTAINANCE (PLUMBING, SEWER, CARPENTRY AND ELECTRICALS)	ALL BIDDERS
8.	KENV/PREQ/SFE/2024	SUPPLY OF OFFICE FURNITURE, FITTINGS AND EQUIPMENT	ALL BIDDERS
9.	KENV/PREQ/ISS/2024	INSTALLATION OF SOLAR SYSTEM	

Tender documents may be obtained from [www.kenversity sacco.co.ke](http://www.kenversity sacco.co.ke) and at the society offices at Kenversity Plaza, Kahawa Sukari, off Thika superhighway, Behind Quickmart Supermarket during working hours (8.30a.m. – 4.30p.m. Monday – Friday). Payment of a non-refundable fee Kshs.1,000/- for each category payable in cash or bankers cheque to the Society shall apply before closure of the tendering period.

Completed documents in plain sealed envelopes clearly marked "Tender for Supplies with Category code" be addressed as below and deposited in the tender box at the Society office latest **FRIDAY, 15<sup>th</sup> NOVEMBER, 2023 12.00 noon** and thereafter, the same shall be opened after closure in the presence of those who may wish to witness.

**The Chief Executive Officer,  
Kenversity SACCO Limited,  
P.O. Box 10263 – 00100,  
NAIROBI.  
[www.kenversity sacco.co.ke](http://www.kenversity sacco.co.ke)**

**The Society reserves the RIGHT to accept or reject any application, either in whole or in part and is not bound to give reasons for its action.**