KENVERSITY COOPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

P.O. BOX 10263 – 00100
NAIROBI.

TELEPHONE: 020 8002371/2, 0715 114454

EMAIL: info@kenversitysacco.co.ke
Website: www.kenversitysacco.co.ke

TENDER DOCUMENT FOR INSURANCE SERVICES

STAFF MEDICAL COVER INSURANCE

KENV/TNDR/SMS/2026

Contents

FORM OF TENDER

TENDER/ STAFF MEDICAL INSURANCE 2026

RE: TENDER FOR PROVISION OF STAFF MEDICAL INSURANCE SERVICES 2026.

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I/We agree that terms of this tender will remain valid for and will not be withdrawn for a period of 90 days from the final date for submission of tender.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

CONTACT PERSON: ……

BID SECURITY

TENDER: PROVISION OF STAFF MEDICAL INSURANCE SERVICES FOR YEAR 2026

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 PROVISON OF STAFF MEDICAL SCHEME INSURANCE FOR THE PERIOD 2026.

GROUP ONE

S.NO.	NAME	Principal PLUS DEPENDENTS	MEDICAL GROUP	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	MEMBER 1	4	A	230,000	1,100,000	150,000	40,000	40,000
2	MEMBER 2	3	A	230,000	1,100,000	150,000	40,000	40,000
3	MEMBER 3	3	A	230,000	1,100,000	150,000	40,000	40,000
4	MEMBER 4	6	A	230,000	1,100,000	150,000	40,000	40,000
5	MEMBER 5	4	A	230,000	1,100,000	150,000	40,000	40,000
6	MEMBER 6	5	A	230,000	1,100,000	150,000	40,000	40,000
7	MEMBER 7	5	A	230,000	1,100,000	150,000	40,000	40,000
8	MEMBER 8	5	A	230,000	1,100,000	150,000	40,000	40,000
9	MEMBER 9	6	A	230,000	1,100,000	150,000	40,000	40,000
10	MEMBER 10	6	A	230,000	1,100,000	150,000	40,000	40,000
11	MEMBER 11	6	A	230,000	1,100,000	150,000	40,000	40,000
12	MEMBER 12	7	A	230,000	1,100,000	150,000	40,000	40,000
		60						

GROUP ONE

CLASS OF POLICY	COVER	SCHEME BENEFITS.	ITEM INSURED	PREMIUM QUOTED KSHS.
Staff Medical Scheme **GROUP A**	• 12 members of staff • Number of people covered – Principal and nuclear family members. • **List as above for details of principal and dependents(60)**.	• Accident hospitalization per person per year as specified Group limits. • Illness hospitalization per person per year as per specified limits (Stand-alone). • Maternity up to Ksh.150,000/- per year. (Stand-alone) • Dental Cover Kshs.40,000/- per family (stand-alone) • Optical cover up to Kshs.40,000/-.(stand alone) Per family • MCH/Family planning; Health, Services,	In-Patient Out-Patient Dental Optical (as per attached list and limits).	

		Education/Counselling • Funeral expenses limited to Kshs.100,000/- per person • Chronic/Terminal disease and illness inclusive e.g Cancer and HIV Aids • Covid-19 Pandemic (Testing, Treatment and medications).		

GROUP TWO

S.NO.	NAME	Principal PLUS DEPEN-DENTS	MEDICAL GROUP	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.	MEMBER 13	6	A	230,000	1,100,000	150,000	40,000	40,000
2.	MEMBER 14	2	A	230,000	1,100,000	150,000	40,000	40,000
3.	MEMBER 15	2	A	230,000	1,100,000	150,000	40,000	40,000
4.	MEMBER 16	4	B	220,000	800,000	150,000	40,000	40,000
5.	MEMBER 17	2	B	220,000	800,000	150,000	40,000	40,000
6.	MEMBER 18	5	B	220,000	800,000	150,000	40,000	40,000
7.	MEMBER 19	3	B	220,000	800,000	150,000	40,000	40,000
8.	MEMBER 20	2	B	220,000	800,000	150,000	40,000	40,000
9.	MEMBER 21	5	B	220,000	800,000	150,000	40,000	40,000
10.	MEMBER 22	6	B	220,000	800,000	150,000	40,000	40,000
11.	MEMBER 23	3	B	220,000	800,000	150,000	40,000	40,000
12.	MEMBER 24	6	B	220,000	800,000	150,000	40,000	40,000
13.	MEMBER 25	6	C	160,000	650,000	150,000	40,000	40,000
14.	MEMBER 26	6	C	160,000	650,000	150,000	40,000	40,000
15.	MEMBER 27	3	C	160,000	650,000	150,000	40,000	40,000
16.	MEMBER 28	6	C	160,000	650,000	150,000	40,000	40,000

17.	MEMBER 29	3	C	160,000	650,000	150,000	40,000	40,000
18.	MEMBER 30	5	C	160,000	650,000	150,000	40,000	40,000
19.	MEMBER 31	4	C	160,000	650,000	150,000	40,000	40,000
20.	MEMBER 32	1	C	160,000	650,000	150,000	40,000	40,000
21.	MEMBER 33	4	C	160,000	650,000	150,000	40,000	40,000
22.	MEMBER 34	5	C	160,000	650,000	150,000	40,000	40,000
23.	MEMBER 35	6	C	160,000	650,000	150,000	40,000	40,000
24.	MEMBER 36	5	C	160,000	650,000	150,000	40,000	40,000
25.	MEMBER 37	7	C	160,000	650,000	150,000	40,000	40,000
26.	MEMBER 38	4	C	160,000	650,000	150,000	40,000	40,000
27.	MEMBER 39	3	C	160,000	650,000	150,000	40,000	40,000
28.	MEMBER 40	5	D	150,000	600,000	150,000	40,000	40,000
29.	MEMBER 41	5	D	150,000	600,000	150,000	40,000	40,000
30.	MEMBER 42	1	D	150,000	600,000	150,000	40,000	40,000
31.	MEMBER 43	3	D	150,000	600,000	150,000	40,000	40,000
32.	MEMBER 44	3	D	150,000	600,000	150,000	40,000	40,000
33.	MEMBER 45	6	D	150,000	600,000	150,000	40,000	40,000
34.	MEMBER 46	5	D	150,000	600,000	150,000	40,000	40,000
35.	MEMBER 47	2	D	150,000	600,000	150,000	40,000	40,000
36.	MEMBER 48	2	D	150,000	600,000	150,000	40,000	40,000
37.	MEMBER 49	2	D	150,000	600,000	150,000	40,000	40,000
38.	MEMBER 50	2	D	150,000	600,000	150,000	40,000	40,000
39.	MEMBER 51	3	D	150,000	600,000	150,000	40,000	40,000
40.	MEMBER 52	1	D	150,000	600,000	150,000	40,000	40,000
41.	MEMBER 53	5	D	150,000	600,000	150,000	40,000	40,000
42.	MEMBER 54	1	D	150,000	600,000	150,000	40,000	40,000
43.	MEMBER 55	2	D	150,000	600,000	150,000	40,000	40,000
44.	MEMBER 56	1	D	150,000	600,000	150,000	40,000	40,000
45.	MEMBER 57	4	D	150,000	600,000	150,000	40,000	40,000
46.	MEMBER 58	1	D	150,000	600,000	150,000	40,000	40,000
47.	MEMBER 59	2	D	150,000	600,000	150,000	40,000	40,000
		173						

GROUP TWO

CLASS OF POLICY	COVER	SCHEME BENEFITS.	ITEM INSURED	PREMIUM QUOTED KSHS.
Staff Medical Scheme **GROUP B**	• 47 members of staff • Number of people covered – Principal and nuclear family members. • **List as above for details of principal member and dependents(173)**.	• Accident hospitalization per person per year as specified Group limits. • Illness hospitalization per person per year as per specified limits (Stand-alone). • Maternity up to Ksh.150,000/- per year. (Stand-alone) • Dental Cover Kshs.40,000/- per family (stand-alone) • Optical cover up to Kshs.40,000/-.(stand alone) Per family • MCH/Family planning; Health, Services, Education/Counselling • Funeral expenses limited to Kshs.100,000/- 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 Dental Optical (as per attached list and limits).	

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.