**BIDDER RESPONSE DOCUMENT**

**Please provide information against each requirement.**

Additional rows can be inserted for all questions as necessary.

**SECTION 1**

**CONFIDENTIAL BUSINESS QUESTIONNAIRE:**

*(Please note that giving false information under this section will result in your application being disqualified automatically)*

**GENERAL INFORMATION**

1. The questionnaire must be fully and comprehensively completed in all respects.
2. Information given by the applicant shall be treated in strict confidence.
3. Save the children reserves the right to visit and inspect the business premises of the company/firm that will participate.
4. Any information given under and later found to be incorrect shall lead to disqualification from the tendering process.

**PART I: CORPORATE INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.:** | **PARTICULARS** | | | **RESPONSE** |
| 1. | Full name of organization Firm: | | | |
| 2. | Is your Organization (please tick as appropriately) | 1. A Public limited company?   *If yes, please attach copies of the company’s memorandum of association and articles including any change of name*   1. Public listed company?   *If yes, attach copies as (a) above*   1. A limited company?   *If yes, attach copies as (a) above*   1. A partnership?   *If yes, attach copy of partnership deed*   1. A sole trader?   *If yes, attach business certificate*   1. Other, (please specify) |  | |
| 3. | Date of Registration: | |  | |
| 4. | Full physical address of principle place of business:  Full postal address: | |  | |
| 5. | Telephone No.: | |  | |
| 7. | Email Address; | |  | |
| 8. | Website address (if any) | |  | |
| 9. | Company Pin no.: (please attach a copy) | |  | |
| 10. | VAT Registration No.;(please attach a copy) | |  | |
| 11. | Period in which you have been in the specific business for which you wish to be qualified | |  | |
| 12. | Names of the shareholders, Directors and Partners (please provide copy issued by registrar of companies showing the directors and shareholders of the company) | |  | |
| 13. | Associated company (if any) | |  | |
| 14. | Provide the name of company’s certified secretary/auditors | |  | |

**PART II: FINANCIAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.:** | **PARTICULARS** | | |
| 1. | What was your annual turnover for the last two years | ………………….  For year ended  ----/----/-------------- | ………………………  For year ended  ----/----/---------- |
| 2. | Has your organization met all its obligations to pay its creditors and staff during the years past? | | Yes/No |
| 3. | Have you had any contracts terminated for poor performance in the last three years, or any contracts where damages have been claimed by the contracting authority? | |  |
|  | If so, please give details | | |

**PART III: BUSINESS ACTIVITES**

|  |  |
| --- | --- |
| **No.:** | **PARTICULARS** |
| 1. | State your organization’s main business activities |
| 2. | Please state generally the experience and expertise your organization possesses that will enable you to effectively and efficiently undertake the work you are bidding for as required by Save the children. |

**PART IV: TRADE REFRENCES / BACKGROUND INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.;** | **Customer Organization (Name)** | **Customer Contact name & Phone no.:** | **Brief description and contact amount** | **Date contract awarded** | **Period of contract** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |

*Expand list if larger than provided space*

**DECLARATION**

I declare that to the best of my knowledge the answers submitted in this tender questionnaire (and any supporting documentation) are correct. I understand that any misrepresentation will render my organization ineligible to participate in any future business activities with Save the children.

**DECLARATION OF BUSINESS RELATIONSHIP (COMPANY OWNER/MANAGEMENT)**

For purpose of transparency and fair dealing, all vendors shall make full disclosure of any existing business relationship with any Save the children employee.

Are you a relative or do you have a relationship with any save the children employee that would cause any real or perceived conflict of interest?

Yes/No--------------------- (specify) ----------------------------------------------------------------

**SECTION 2**

**General information.**

1. Please list your employees who would be involved with Save the Children. One employee should be the key point of contact for Save the Children:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Job title** | **Role for Save the Children account** | **Direct telephone number** | **Email address** |
|  |  |  |  |  |
|  |  |  |  |  |

1. Process required if allowable for reimbursement for use of hospital or doctors specialists not appearing on the provided panel list. Please specify costs will be reimbursed.

|  |
| --- |
|  |

1. Do you have service coverage in the following remote areas that SCI operates?

|  |  |
| --- | --- |
| Location | Yes (if not propose near location) |
| Burao |  |
| Boroma |  |
| Kismayu |  |
| Baidoa |  |
| Dhobley |  |
| Beletwenyne |  |
| Etc. |  |

1. What arrangements will be made for staff seeking international medical service in the cover?

|  |
| --- |
|  |

1. Provide Service specification information as per your proposal.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Indicate more information on specs/exclusions** | | **Indicate sublimit/standalone amount proposed** |
| **Lodger fees** | | Lodging facilities for parent accompanying a child below | | Indicate age limit. |
| **Emergency Rescue / Evacuation:** |  | |  | |
| **Pre-existing, chronic conditions and related conditions & HIV/AIDS** |  | |  | |
| **Psychiatric & psychological illness** |  | |  | |
| **Post hospitalization** |  | |  | |
| **Congenital conditions & neo-natal illnesses** |  | |  | |
| **Non - accidental dental in-patient** |  | |  | |
| **Non - accidental ophthalmologic in-patient** |  | |  | |
| **Maternity** |  | |  | |

**GPA/WIBA. Performance Timeline.**

|  |  |
| --- | --- |
| **Service** | **Agreed response time** |
| Amount Confirmed, Confirmed Premium debits for new entrants |  |
| Amount Confirmed, Premium credits for member withdrawals |  |
| Issuance of Policy Documents |  |
| Response to queries |  |
| Payment of Funeral Benefits |  |
| Advise in writing the claims documentation/requirements |  |
| Advise if claim not admissible |  |
| Payment of benefits |  |
| Medical acceptance terms |  |
| New entrants costing |  |
| Member withdrawal costing |  |
| Member movements confirmation |  |
| Premium Statements |  |

**Section 3: Pricing proposal**

1. Please indicate the fee you are offering to Save the Children as part of this contract, including the currency, based on the following information; – Please use a separate sheet / page if necessary.
2. **Cover Limit per person**

* In patient – USD 15,152 per family
* Outpatient – USD 1,010 per family
* Outpatient Dental – USD 250 per family
* Outpatient Optical – USD 250 per family
* Maternity Limit – USD 1,136 per family
* Funeral expense limit - USD 600 per family within inpatient limit

**Clearly Indicate the Total Annual Premium in USD for Cover Limit per family for Staff Members & Dependants.**

|  |  |
| --- | --- |
| **Family Size** | **Number** |
| M | 75 |
| M+1 | 42 |
| M+2 | 65 |
| M+3 | 206 |

* 1. **Enhanced Benefits for Inpatient Cover**

|  |  |  |
| --- | --- | --- |
| **Categories** | **Benefit Limits per staff (USD)** | **Premiums** |
| Inpatient Ophthalmology |  | Indicate if any |
| Inpatient Dental |  | Indicate if any |
|  |  |  |
| Pre-Existing, Chronic & HIV/AIDS |  | Indicate if any |
|  |  |  |
| Maternity: ●Normal birth  ●Caesarean |  | Indicate if any |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Benefits** | **Benefit Limits**  Per Family (USD.) | **Premiums** |
|  |  |  |
| DENTAL | Indicate USD. | Indicate USD. |
|  |  |  |
| OPTICAL | Indicate USD. | Indicate.USD. |

* 1. **Specialized Covers – Dental & Optical**
  2. **Other Essential Covers**

Service provider should state their covers and provide price quotations;

|  |  |  |
| --- | --- | --- |
| **Benefit Categories** | **Implications** | **Limits /Premiums (USD)** |
|  |  |  |
| LAST EXPENSES | Indicate | Indicate if any |
|  |  |  |
| EXHAUSATION OF LIMITS | Indicate | Indicate if any |
|  |  |  |
| OVERSEAS REFERRALS | Indicate | Indicate if any |
|  |  |  |
| REIMBURSEMENTS | Indicate | Indicate if any |

1. **Group Life/WIBA Cover**

* Group life benefit; fixed three times annual basic salary
* Accidental death benefit: 5x basic annual salary
* Permanent total disability; 8x basic annual salary
* Medical reimbursement benefit; 1000 USD per person, group maximum 50,000 USD
* Group disability income (TTD);1x basic annual salary.
* Last expense benefit; 1000 USD per person.
* Critical illness rider, offered as an accelerating benefit. Benefits are 30% of total subject to maximum of USD 200
* Scheme free cover limits USD 1,250.
* Terrorism ( Additional rider)

1. Can you fix these prices for the duration of the contract?

Yes  No

If not, please provide details of how long they will remain fixed?

1. Please provide a detailed cost breakdown of the Services in question? – Please use a separate sheet / page if necessary
2. What length of contract would you be willing to negotiate with Save the Children? Please indicate in number of years?
3. Do you have any standard contract terms to account for inflation and/or changes in pricing that you typically include in contracts? If so, please describe in further detail.
4. What standard payment terms is your company willing to offer Save the Children?

**Section 4: Confirmation of Bidder’s compliance**

We, the Bidder, hereby confirm compliance with

(Please tick against each, where necessary?)

* The required specification for the services
* The Conditions of Tendering
* Save the Children’s Terms and Conditions of Purchase
* Save the Children’s Child Safeguarding policy
* Save the Children’s Anti-Bribery and Corruption policy
* The IAPG Code of Conduct

**The following documents and items are included in our bid: (Please tick against each, where necessary?)**

* Section 1: General business details
* Section 2: Bidder capacity
* Section 3: Pricing proposal
* Certificate of Registration
* Tax Identification Certificate

Properly completed tender documents may be submitted either in a sealed envelope (by hand delivery / courier) or via email.

Sealed envelopes should be deposited in the Tender Box at the below address not later than 12noon on **23rd June 2017**. The envelope should indicate the ITT reference number **SCI – SMC- 2017 -001** and be addressed to :

**Tender Committee**

**Save the Children International Somalia/Somaliland Country Office**

**Chalbi Drive, Off Isaac Gathanju Road-Lavington**

**Nairobi – Kenya**

For email submission, please indicate the ITT reference number **SCI – SMC- 2017 -001** on the subject line and submit tender documents to [Somalia.Tenders@savethechildren.org](mailto:Somalia.Tenders@savethechildren.org) not later than 12noon East Africa Standard Time (EAT) on **23rd June 2017**

**Any document received after the deadline time shall be rejected**

**Canvassing will lead to automatic disqualification**

We confirm that Save the Children may in its consideration of our offer, and subsequently, rely on the statements made herein.

**Acceptance by the Bidder:**

Signature …………………………………………………….

Name ………………………………………………………..

Job Title…………………………………………………………

Company…………………………………………………

Date……………………………………………………….