



**Request for Quotation # SNV-SSD-JUBA-010-2025**

**16<sup>th</sup> December 2024**

Dear Sir/ Madam,

You are invited to submit your tender in response to the attached Request for Quotation.

SNV intends to enter a framework agreement for National staff Medical Insurance service with the winning bidder.

Your quotations are due to SNV no later than 10:00AM on 10<sup>th</sup> JAN 2025. Late bids will be disqualified.

In the attached package you will find:

- Request for Quotations (RFQ)
- Specification

We look forward to receiving your quote,

Kind regards,

**Country Operations Unit**

# **Request for Quotation for National staff Medical Insurance Service**

**Reference #: SNV-SSD-JUBA-010-2025**

**CLOSING DATE: 10/JAN/2025**

## **SECTION 1**

### **1.0 INSTRUCTIONS**

#### **1.1 INTRODUCTION**

**SNV NETHERLANDS DEVELOPMENT ORGANISATION** would like to invite interested Vendors with a view to two years framework agreement for National staff Medical Insurance service for SNV South Sudan program, Juba Afex Riverside.

#### **1.2 INVITATION TO BID**

You are invited to submit your tender documents to SNV Office in soft copies so they may be evaluated. SNV requires prospective Medical Insurance providers to provide mandatory information for this tender.

#### **1.3 EXPERIENCE**

Potential Vendors must demonstrate the willingness and commitment to meet the RFQ criteria.

#### **1.4 RFQ DOCUMENT**

This document includes questionnaire forms and documents required of prospective Vendors.

In order to be considered for the tender, prospective Vendors must submit all the information requested herein.

## 1.6 SUBMISSION OF DOCUMENTS

A complete quotation and other information requested should be submitted online through authorized signatory to the following address:

[southsudanprocurement@snv.org](mailto:southsudanprocurement@snv.org)

**Not later than 10:00 AM (local time) on 10/01/2025**

The RFQ Reference **SNV-SSD-JUBA-010-2025** should be clearly indicated in the subject line of the email alongside with the Vendor's company name.

## 1.7 QUESTIONS ARISING FROM DOCUMENTS

Questions that may arise from the RFQ documents should be directed to Procurement whose address is below;

[cdhama@snv.org](mailto:cdhama@snv.org)

## 1.8 ADDITIONAL INFORMATION

**SNV** reserves the right to request submission of additional information from prospective Vendors.

All data submitted will be maintained securely by SNV and used only for programming purposes. Data will be destroyed after 10 years in accordance with national law.

## SECTION 2

### 2.1 TAXES ON INSURANCE SERVICE

The Service provider will have to pay all relevant applicable taxes for the service. But must be justifiable to the SNV.

### 2.2 CONTRACT PRICE AND CONTRACT

The contract shall be framework agreement type with fixed unit prices as per the main member and the dependants.

### 2.3 PAYMENTS AND CURRENCIES

Payments are made within 30 days of receipt of a valid invoice and confirmation. Payments will be made in USD. The Quotation shall be expressed in USD. *Vendors are required to provide a full bank account detail including swift code and Iban to allow transactions.*

### 2.4 BID VALIDITY

Your tender price must be valid for 30 days.

## SECTION 3

### 3.1 WITHDRAWAL OF RFQ

Should a condition arise between the time the firm has tendered the bid and the opening date which in the opinion of the SNV South Sudan could substantially change the performance and qualification of the Vendor or his ability to perform such as but not limited to bankruptcy, change in ownership or new commitment, SNV South Sudan reserves the right to reject the tender from such a Vendor.

### 3.2 EVALUATION CRITERIA

SNV will determine the winning supplier on the basis of cost, meeting and detailed specifications and delivery period.

CRITERIA	SCORES
Membership with relevant national/international association of life assurance companies	30
Reference to other INGO/NGO/UN similar services were provided	20
Detailed Specifications	10
<b>TOTAL</b>	<b>60</b>

Financial bids will score 40%

### SECTION 4

#### All firms must provide:

- (a) Firm Data shown in Section 4
- (b) Signed Sworn Statement as in Section 5
- (c) Following mandatory requirements
  1. Financial Proposal/Quotation
  2. Company Profile
  3. Certificate of Incorporation
  4. TPIN Certificate
  5. Valid Insurance operation licence issued by relevant government Ministry of South Sudan.
  6. Valid Tax Clearance Certificate
  7. Proof of Physical address
  8. Bank detail

#### 4. 1 FIRM DATA

Name of Vendor	
Trading Name (if different from above)	
Postal Address	
Physical location of Business Premises	Town
	Street
	Plot No.
	Building name
	Floor
Primary Contact Person	Name

	Mobile number
	Email
Nature of organisation (e.g. Sole Proprietorship, NGO, Public Limited Company, Partnership, etc.)	
<b>Names of the Proprietor, Directors or Partners and their nationality</b>	
Name, nationality and position held	
Vendor's Operations	Year established/registered:
	Duration of Operation:
	Objectives, Mandate, Mission:
Vendor Registration No. and Country of Registration (Attach Copy)	Country of Registration: Number:
VAT Registration No. (Attach Copy)	Number
Tax Identification Number Registration.(Attach Copy)	Number
Trade Licence/ Business Permit (Attach Copy)	Number

#### 4.2 ELIGIBILITY

Do any of the following apply to your Firm/ Company or Organisation, or to (any of) the Director(s) / Partner(s) / Proprietor(s)

Have you or your principals been subject of legal proceedings for insolvency, bankruptcy, receivership or your business activities suspended for related reasons?	Yes / No	If Yes give details
Have you been convicted of a criminal offence related to business or professional conduct?	Yes / No	If Yes give details
Have you had any contracts terminated for poor performance in the last five years, or any contracts where damages have been claimed by the client?	Yes / No	If Yes give details

**4.3 CONFLICT OF INTEREST**

Please provide answers to the following statements:

To the best of your knowledge, have you or any employee or staff member of your organization or firm, ever been employed by SNV?	Yes or No
If Yes, provide the name of the person in your organisation, and a description of the employment period, including job title, the duration of the employment period, the country of employment.	
Is any employee or staff member of your firm, company or organisation related (by blood, marriage or otherwise) to any employee of SNV in South Sudan?	Yes or No
If yes, please provide the name of your staff and the name of the SNV staff member they are related to. State the nature of the relationship.	

**SECTION 5**

**5.1 Sworn Statement**

Having studied the information provided for the above project we/I hereby state:

- a) The information furnished in our application is accurate to the best of my/our knowledge.
- b) We enclose all the required documents and information required for the RFQ

Date: .....

Applicant's Name: .....

Represented by: .....

Signature: .....

Designation: .....

(Full name and designation of the person signing and stamp or seal.)

**SECTION 6**

**Specifications**

The national staff medical insurance covers the main member and 4 dependants including the spouse and 3 children below the ages of 18 years. Approximately 20 staff.

<b>Family Size</b>	<b>Dependance</b>	<b>Premium</b>
M		
M+1		
M+2		
M+3		
M+4		
Government Tax		
Total Annual Premium		

**Please include pictures, detailed specs and state clearly delivery period**