

TENDER FOR PROVISION OF INSURANCE SERVICES FOR YEAR 2023-2024(ASS/RFP/001/2023)

1. BACKGROUND INFORMATION

The African Academy of Sciences (AAS) is a pan-African organization headquartered in Nairobi, Kenya, which aims to drive sustainable development in Africa through science, technology, and innovation. The AAS vision is to see transformed lives in Africa through (Science, technology, and innovation- STI). The AAS mission is to leverage resources through research excellence and thought leadership for sustainable development in Africa. AAS has a tripartite mandate: to recognize excellence through its highly prestigious fellowship and award schemes; to provide advisory and think tank functions for shaping the continent's Science, Technology, and Innovation (STI) strategies and policies; and to implement key STI programmes aimed at addressing Africa's developmental challenges.

AAS would like to procure Medical, GPA/WIBA/GPL and General Insurance Services from reputable firms for the financial year 2023/2024. This is therefore a call for Proposal from qualified firms as per the instruction provided in the tender document.

2.0 RFP OBJECTIVES

The objective of this assignment is to select a highly competent and qualified insurance companies to support in the provision of AAS insurance needs for staff and assets.

3.0 RFP INSTRUCTIONS

3.1 Language

All correspondence and documents relating to the RFP exchanged by the bidders and the AAS shall be written in English language.

3.2 ELIGIBLE FIRMS

The AAS employees and their relative (spouse and children) are not eligible to participate in the RFP process.

3.3 SUBMISSION & DEADLINE OF RFP DOCUMENT

A copy of application for RFP document containing all the requirements shall be submitted in plain sealed envelopes clearly marked with the Insurance type as below:

- 1) Medical Insurance**
- 2) General Insurance**
- 3) Group Life Assurance**

The downloaded RFP document should be duly completed as per the instructions and dropped at AAS offices in the below address:

The African Academy of Sciences
8 Miotoni Lane, Karen
PO BOX 24916-00502
Nairobi- Kenya

So as to be received on or before 7th February 2023 at 4:00 pm

- **All applications must be accompanied with a Bankers cheque of Kes.5000 that is nonrefundable, written in favour of 'The African Academy of Sciences'.**

3.4 QUESTIONS ARISING FROM RFP DOCUMENT

Questions, data requests and clarification that may arise from the RFP documents should be sent to procurement@aasciences.ac.ke before 7th February 2023.

3.5 ADDITIONAL INFORMATION

AAS reserves the right to request the submission of additional information from prospective firms.

3.6 NOTIFICATION OF SUCCESSFUL AND UNSUCCESSFUL FIRMS

All bidders shall be notified of the RFP outcome in writing irrespective of whether they are successful or not.

4.0 RFP GUIDELINES/REGULATIONS AND CRITERIA

4.1 INCOMPLETE APPLICATION

The application forms which are not filled and duly stamped and submitted in the prescribed manner will not be considered.

4.2 QUALIFICATION REQUIREMENTS

Prospective firms will not be considered qualified unless in the judgment of **AAS** they possess the capability, experience, qualified personnel, available and sustainable equipment and net current assets or working capital sufficient to satisfactorily execute the specific contract.

4.3 CONDITIONS TO BE MET BY THE INSURANCE COMPANY

- 4.3.1 Must be registered with Insurance Regulatory Authority (IRA) for the current year and a copy of the current license be submitted.
- 4.3.2 Must give a list of 5 (five) reputable clients and the total clients medical cover/General /GPA/WIBA/GPL premiums for the previous year.
- 4.3.3 Must submit a copy of the audited accounts for the previous financial year.
- 4.3.4 Must have total number of management Members of **at least 4** (attach proof)
- 4.3.5 Must submit copies of the following documents:
 - 4.3.5.1 PIN Certificate / Income Tax / V.A.T /
 - 4.3.5.2 Valid Tax Compliance Certificate
 - 4.3.5.3 Certificate of Registration/Incorporation
 - 4.3.5.4 Valid Business Permit-Provide proof.
 - 4.3.5.5 Company Profile
 - 4.3.5.6 Must be a member of the Association of Kenya Insurance (AKI)
 - 4.3.5.7 Proof of handling equivalent cover

Any clause to be included in this section must be consistent with the AAS procurement policy and procedures.

4.4 SCHEDULE OF REQUIREMENTS- Appendix III

- 1. The schedule of Requirements shall be included in the RFP documents by the AAS and shall cover, at the minimum, a description of the insurance cover to be provided and full particulars of the same.
- 2. The objectives of the schedule of requirements is to provide sufficient information to enable bidders to prepare their RFP comprehensively, efficiently and accurately. In particular the price schedule for which a form is provided in must be carefully completed.
- 3. **All premiums must be inclusive of all taxes and levies.**

4.5 ESSENTIAL CRITERIA FOR SELECTION OF SERVICE PROVIDERS

4.5.1 EXPERIENCE

- 4.5.1.1 The prospective bidder shall have at least 5 years' experience in the insurance industry. (Past performance will be shown by way of attaching past LPO/ Contracts and Completion certificates) appendix II.
- 4.5.1.2 Prospective suppliers should have capacity in terms of Finance and personnel.

4.5.2 FINANCIAL CONDITION

The financial condition of a firm will be determined by audited financial statements as well bank statement for the last one month.

4.5.3 AWARD CRITERIA

AAS will award the contract to the successful bidder whose RFP has been determined to be substantially responsive (Pass preliminary stage & Technical) and has been determined to be the lowest evaluated tender, provided further that the bidder is determined to be qualified to perform the contract satisfactorily.

To qualify for contract awards, bidder shall have the following: -

- 4.5.1 Necessary qualifications, capability experience, services, equipment, and facilities to provide what is being procured.
- 4.5.2 Legal capacity to enter into a contract for procurement.
- 4.5.3 Shall not be insolvent, in receivership, bankrupt or in the process of being wound up and is not the subject of legal proceedings relating to the foregoing.

4.6 NOTIFICATION OF AWARD

AAS shall notify the successful bidder in writing that the RFP has been accepted. The notification of award will signify the formation of the contract subject to the signing of the contract between the bidder and the AAS. Simultaneously the other bidders shall be notified that their RFP were not successful.

4.7 SIGNING OF CONTRACT

The successful bidder shall sign and date the contract and return it to the AAS.

4.8 CORRUPTION OR FRAUDULENT PRACTICES.

The AAS shall require that bidders to observe the highest standard of ethics during the procurement process and execution of contracts. A bidder shall sign a declaration that he has not and will not be involved in corrupt or fraudulent practices.

The AAS shall reject a proposal for award if it determines that the bidder recommended for award has engaged in corrupt or fraudulent practices in competing for the contract in question

Further a bidder who is found to have indulged in corrupt or fraudulent practices risks being debarred from participating in the AAS Procurement process.

4.9 DECLARATION – APPENDIX 1

Application must include a declaration Appendix 1 certifying the accuracy for the information given.

Attach Copies of work orders, approved contracts, completion certificate or other documents in support of work done.

4.10 CONFIDENTIAL DATA

You must provide details requested. Please note that providing false information shall lead disqualification.

4.11 LITIGATION HISTORY

Does the company have any litigation (Tick appropriate box)?

☐ Yes (give details below)

☐ No

Applicants, including each of the partners of a joint venture, should provide information of any history of litigation or arbitration resulting from contracts executed in the last four years. A separate sheet should be used for each partner of a joint venture.

| Year | Award for or against applicant | Name of client, cause of litigation, and matter dispute | Disputed amount |
|------|--------------------------------|---|-----------------|
| | | | |
| | | | |

BANK DETAILS -

For the purpose of payments by electronic funds transfer (bank wire transfer), provide the following information:

BANK NAME.....

BRANCH NAME

BANK ADDRESS

BRANCH CODE.....

SWIFTCODE (USD)

ACCOUNT NAME

a. APPENDIX – Declaration I

Having studied the tender information for the above bidder, we/I hereby state:

- a) The information furnished in our application is accurate to the best of my/our knowledge.
- b) Have read and understood the terms and condition for AAS .
- d) If the legal, technical, financial conditions or the contractual capacity of the firm changes, we commit ourselves to inform you and acknowledge your right to review the Contract made.
- e) We enclose all the required documents and information required for the RFP evaluation.

Date

Applicant's Name

Represented by

Signature

Designation

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

Appendix II: PAST EXPERIENCE-

Provide a list of 5 current clients/customers that you have transacted business with and value (for the Last 5 years).

| | Client 1 | Client 2 | Client 3 |
|---|-----------------|-----------------|-----------------|
| Name of client (organization) | | | |
| Address of client (organization) | | | |
| Name of contact person at the client (Organization) | | | |
| Telephone/Email address of the client | | | |
| Value of contract | | | |
| Duration & time of the contract | | | |

| | Client 4 | Client 5 | |
|---|-----------------|-----------------|--|
| Name of client (organization) | | | |
| Address of client (organization) | | | |
| Name of contact person at the client (Organization) | | | |
| Telephone/Email address of the client | | | |
| Value of contract | | | |
| Duration & time of the contract | | | |

Appendix III SCHEDULE OF REQUIREMENTS/TERMS OF REFERENCE

PROVISION OF MEDICAL INSURANCE COVER FOR 2023 – 2024

The following forms the technical Requirements that AAS expects from the service provider for Medical Insurance Cover for the **2 years for** a period starting **Feb 2023** to **31st Jan 2025**. The Bidder is expected to respond to every line and provided details of how they will undertake the services.

A) EVALUATION CRITERIA

STAGE 1: MANDATORY REQUIREMENTS (PRELIMINARY EVALUATION)

(II) CRITERIA OF EVALUATION

The method of evaluation will be Merit Point System

The evaluation criteria will be applied as indicated here below: -

| S/N | EVALUATION CRITERIA | POINTS |
|-----|--|------------------|
| 1. | PRELIMINARY EVALUATION | MUST MEET |
| 2. | MANDATORY REQUIREMENTS FOR INSURANCE COMPANIES | MUST MEET |
| a) | Only Licensed Underwriters are eligible. | YES/NO |
| b) | Must be registered with IRA for the current year 2023 (Submit copy certified by IRA) | YES/NO |
| c) | Must be registered as members of AKI the current year 2023 (Submit copy certified by AKI) | YES/NO |
| d) | Dully filled tender documents must be serialized (pages) | YES/NO |
| e) | Submit Certified Copy of PIN/VAT | YES/NO |
| f) | Submit Valid Tax Compliance Certificate from KRA | YES/NO |
| j) | Submit a Certified Copy of Certificate of Incorporation under the company Act. | YES/NO |
| k) | List of five (5) reputable clients/accounts currently under cover and whose | YES/NO |
| l) | Completion of Confidential Business Questionnaire Form | YES/NO |
| m) | Submit duly completed price schedule in the format provided | YES/NO |
| n) | Country wide service provider list with at least 5 well established medical facilities. | YES/NO |
| o) | Tenderers must provide history of any litigation, dispute or arbitration resulting from contracts executed in the last five years (Sworn affidavit). | YES/NO |

| S/N | EVALUATION CRITERIA | POINTS |
|-----|---|--------|
| p) | Claim settlement Declaration: Submit Declaration signed by the CEO/ Principal officer that the claims falling under that policy period shall be honored irrespective of date of reporting. | YES/NO |
| q) | Must submit a sample summary/ policy cover note | YES/NO |
| r) | Provide a list of all the exclusions under in-patient and out-patient. If the Scheme does not have any exclusions, please confirm the same in writing. If the list or the confirmation is missing, then the bidder will be considered as having been non-responsive to this requirement and therefore disqualified. | YES/NO |

NOTE:

- ✓ **The firms that fulfill all the mandatory requirements will proceed to stage two of the evaluation which is technical in nature.**
- ✓ **Bidders meeting the entire above mandatory requirements will be subjected to Technical Evaluation Criteria and marks assigned as indicated below:**

STAGE TWO: TECHNICAL EVALUATION

Insurance Companies will be required to submit evidence for the following.

Technical evaluation:

| S/No | TECHNICAL EVALUATION CRITERIA | Points |
|------|--|---------------------|
| 1 | MUST meet all the MANDATORY REQUIREMENTS FOR THEM TO PROCEED TO THE TECHNICAL EVALUATION | Mandatory |
| 2. | TECHNICAL EVALUATION OPERATIONS PERFORMANCE & HUMAN RESOURCES | Scores(100%) |
| a) | MUST have been in business for not less than five years (Provide Certified copies of Registration by IRA for the last Five (5) years). | 5 |
| b) | Must submit Audited Books of accounts for the previous one (1) Years (2017). | 5 |
| c) | Company profile giving names of directors and shareholders including location and physical address. | 8 |
| d) | Evidence from the listed clients whose medical cover premium must be attached indicating the premiums and year of cover. Note 2 must be NGO's | 20 |
| e) | MUST provide evidence of re-insurance arrangements in place approved by IRA for year 2023 | 5 |
| f) | Must provide proposal or methodology of how to deal with claims from undeclared members and unreported. | 5 |
| g) | Must provide proposal or methodology of how to administer the scheme including Messengerial, Desermination of information, claim coordination, claim settlement and reports. | 15 |
| h) | Declaration and Undertaking by the Underwriter on material representation, processing of claim, settlement of claim and No Award conditions. | 4 |
| i) | List at least four (4) key professional staff and their portfolio/tasks in the format attached (2 Management, 1 Technical and 1 support staff) | 8 |
| j) | Must provide evidence of the least period used to settle previous claims upon presentation of all required documents. | 5 |
| l) | Benefit Limit: Highest benefits attract highest Score of 5 and prorated with offered benefit limits. | 10 |
| k) | Provide a detailed list of providers (country wide). | 10 |
| l) | Give a detailed write up on how the cover is going to be Administered. This cover shall have NO exclusions at ALL (not even for terrorism, political, riots and strike) | 5 |
| | TOTAL TECHNICAL | 100 |

ADDITIONAL INSTRUCTIONS

A) Medical Cover

Note: The cover will be valid for two years subject to satisfactory performance of year 1 - offering.

The family sizes and population is as indicated below:

| <u>Category</u> | <u>Family size</u> | <u>Population</u> |
|------------------------|---------------------------|--------------------------|
| All Staff | M | 28 |
| | M+1 | 2 |
| | M+2 | 2 |
| | M+3 | 4 |
| | M+4 | 4 |
| | Grand Total | 40 |

Please find below our minimum current benefits and limits:

| Benefit Structure | Category A Permanent Staff |
|-----------------------------|---------------------------------------|
| Inpatient-Insured | Ksh. 3,000,000 per family |
| Outpatient-Fund | Kshs. 200,000 per family |
| Maternity | Kshs. 150,000 per family |
| Dental-Stand alone-Insured | Kshs. 50,000 per family |
| Optical-Stand alone-Insured | Kshs. 25,000 per family |
| Benefit Structure | Category B Temporary Staff |
| Inpatient-Insured | Kshs. 3,000,000 per family |
| Outpatient-Fund | Kshs. 200,000 per family |
| Maternity-Fund | Nil |
| Dental-Stand-alone-Insured | Nil |
| Optical-Stand-alone-Insured | Nil |

- **Outline scope of in-patient and out-patient cover, scope of maternity cover, dental cover, dental exclusions, optical cover, optical exclusions, covid 19 coverage, testing and treatment (Inpatient and Outpatient) as per above scope and rates applicable**

Additional requirements.

Give a detailed write up of any other benefit that your firm may propose to AAS in addition to the current benefits listed below.

NOTES

AAS has two categories of staff:

Category A – Permanent Staff – Contracts 3 years

Category B – Temporary Staff - Contracts 1 year and below

B) Group Personal Accident and WIBA Plus (GPA/WIBA Plus)

Provide a competitive, comprehensive, reliable, and affordable GPA/ /WIBA cover to AAS employees.

C) Group Personal Life Assurance -GPLA

Provide a competitive, comprehensive, reliable, and affordable GPLA cover to AAS employees.

D) General Insurance

Provide a competitive, comprehensive, reliable, and affordable General Insurance cover as below:

- Products liability
- Directors and Officers Liability (to include an extension on employment malpractices)
- Professional indemnity
- Burglary
- Theft by employees
- Motor insurance
- Fire and related perils
- Any Other (specify)

E) Travel Insurance

Provide travel insurance to international travels by AAS staff.

Services

- Medical and emergency expenses
- Hospital allowance
- Personal accident
- Loss of baggage
- Personal Liability

PRICE SCHEDULE FORM

| ITEM NO. | DESCRIPTION OF MEDICAL INSURANCE COVER | TOTAL PREMIUM PER FAMILY SIZE (KSHS.) |
|----------|--|---------------------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

| ITEM NO. | DESCRIPTION OF GENERAL INSURANCE COVER | TOTAL (KSHS.) |
|----------|--|---------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

| Item No | Description of GPA/WIBA Plus | TOTAL (KSHS.) |
|---------|------------------------------|---------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |

| Item No | Description of Group Personal Life Assurance | TOTAL (KSHS.) |
|---------|--|---------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |