

INTERNATIONAL INDIAN SCHOOL DAMMAM

**RENEWAL OF INSURANCE POLICIES FOR THE
ACADEMIC YEAR 2024-25**

PREQUALIFICATION QUESTIONNAIRE AND BID FORM



INTRODUCTION

It is the policy of the International Indian School, Dammam (IIS, Dammam) to pre-qualify Insurance Service Provider before including them in the International Indian School's Approved List of Contractors / Service Providers / Suppliers and evaluation of their bid (if any).

The objective of the Pre-qualification exercise is to evaluate the Service Provider's capabilities to provide a consistent, reliable and trouble free Insurance Services for the specified period as per the specifications and requirements.

By completing and submitting the Contractor's Pre-qualification Questionnaire you would provide the required information about your Company needed for the Pre-qualification. Upon receiving the completed Pre-qualification Questionnaire, IIS, Dammam will review and evaluate it thoroughly and it may be followed by a visit to your Company / meeting with Higher Management / seeking further details for further assessment.

All the information provided for this Pre-qualification process will be treated as "Confidential" by the International Indian School, Dammam.

School reserves the right to accept or reject the bid without assigning any reason.

Instructions

1. Kindly answer all the questions and provide complete information and attach necessary documentation, clearly marked to the relevant section and question number.
2. All answers shall be preferably typed or legibly written.
3. If the space provided for a particular question is not enough, you may attach additional sheets.
4. Questions that are not applicable to your Company may be marked "N/A" (Not Applicable).
5. Complete the "Insurance Service Provider's Pre-qualification Questionnaire" and submit them in a folder in duplicate with all the required documents.
6. Should you have any queries / clarifications, please write to


The Chairman, International Indian School, P.O. Box 3320, Rakah, Al Khobar – 31952, Saudi Arabia, Tel. : 013 814 2801, Fax : 013 814 2806, Email : iisdammam@hotmail.com

And / Or



The Principal / Head of the Institution, International Indian School, P.O. Box 3320, Rakah,
Al Khobar – 31952, Saudi Arabia, Tel.: 013 814 2807, Fax: 013 814 2806,
Email : iisdammam@hotmail.com

7. You may also visit International Indian School, Dammam to meet The Principal / Head of the Institution for any clarifications.
8. Duly filled Bid Form should be dropped in the BID BOX kept in the BOYS SECTION on or before Tuesday, 05.03.2024 (2 p.m.). Under NO circumstances the school will accept any bid received after the above specified date .


25/02/2024
SUNIL PETER
Principal



INSURANCE SERVICE PROVIDER – PREQUALIFICATION QUESTIONNAIRE

1. INSURANCE SERVICE CONTRACT INFORMATION

Service Type : Insurance Services of

- Group Health Insurance
- Property All Risk Insurance
- Motor – Private Car Insurance
- Motor – Commercial Vehicle Insurance
- Money
- Fidelity Insurance
- Public Liability Insurance

Last Date for submission of PQ Documents :

Contact Person : The Chairman, International Indian School, P.O. Box 3320, Rakah, Al Khobar – 31952, Saudi Arabia, Tel. : 013 814 2801, Fax : 013 814 2806, Email : iisdammam@hotmail.com

Or

The Principal / Head of the Institution, International Indian School, P.O. Box 3320, Rakah, Al Khobar – 31952, Saudi Arabia, Tel. : 013 814 2807, Fax : 013 814 2806, Email : iisdammam@hotmail.com

2. SERVICE PROVIDER INFORMATION (To be filled by Service Provider)

Service Provider Name :

Registered Address :

Telephone Number :

Fax Number :

E-mail Address :

Mobile Number :

Commercial Registration Number :

Issue Place :

Issue Date :

VAT Number :

Insurance License :

Bank Details :

3. DOCUMENT REQUIREMENT

Your Prequalification Documents should also include all the following documents. Please checkmark the appropriate box whether the documents are attached or not. If any of the required documents is not submitted, then explain the reason.

1	Commercial Registration Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
2	Zakat Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
3	VAT Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
4	Chamber of Commerce Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
5	GOSI Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
6	Saudization Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
7	Any License (Please specify-----)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
8	Audited Financial Statement - Year 2020	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
9	Audited Financial Statement - Year 2021	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
10	Company Organization Chart	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
11	Past 3 Years Claim Settlement Details	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
12	List of Major Clients	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
13	Latest Company Profile	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
14	Operational Personnel List / CVs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____

4. GENERAL QUISTIONAIRE (Please attach separate sheet if required)

1. Do you have other subsidiaries, joint ventures or are a part of a parent company? – Yes / No
(If so If so, please describe the type of business briefly)
2. Please provide a Client Reference and Authorization to discuss your financial settlement capability with your bank.
3. Describe your procedure and measures that ensure that the services are satisfactory?
4. How long have you been doing such kind of services to various clients in this field?

The completed contractor Prequalification Summary form, **together with all the relevant supporting documents**, shall be submitted to the Chairman, International Indian School, P.O. Box 3320, Rakah, Al Khobar – 31952, Saudi Arabia, Tel. : 013 814 2801, Fax : 013 814 2806, Email : iisdammam@hotmail.com

AUTHORIZED SIGNATURE

We certify that all the information provided in Attachments/ Sections listed above are true and correct, and we fully understand that any information found to be incorrect or incomplete could result in the disqualification of our company in participating in the above mentioned service contract.

Service Provider Name :

Authorized Signature :

Name :

Position :

Date :

BID FORM

RENEWAL OF INSURANCE POLICY FOR ACADEMIC YEAR 2024-25

1. Basic Information of Bidder

Name of the Company : _____

Mailing Address : _____

Telephone Numbers : _____

Fax / Mobile Nos. : _____

Name of the Representative : _____

2. Scope and Compliance

This bid includes all the work required to perform the transportation service.

Having been properly represented during the Explanation Meeting and having investigated and examined their entirety the Scope of Work, the Proforma Contract and all the documents referred therein, and the instruction to bidders, the undersigned offers to provide the Insurance Services in accordance with the said Bid Documents and the Service Contract, all for the price indicated below. The undersigned confirms that there are no conditional terms or exceptions contained elsewhere in this Bid.

Insurance Services of

- Group Health Insurance
- Property All Risk Insurance
- Motor – Private Car Insurance
- Motor – Commercial Vehicle Insurance
- Money
- Fidelity Insurance
- Public Liability Insurance

The schedule of all the above and any other particulars which are necessary to bid can be collected from Admin Officer during office hours.

3. Prices

Having examined in their entirety the Bid Documents and determined all factors that may affect the cost, duration and /or the performance of the Service required, the undersigned bidder hereby submits a total all inclusive price for the Insurance Services required.

Type of Services	Unit	Unit Rate in SAR
<ul style="list-style-type: none">Group Health Insurance (Please attach the Terms & Conditions) Male Female Male above 60 Years Female above 60 Years Children – Below 18 Years Any Other Category (Please Specify)		
<ul style="list-style-type: none">Property All Risk Insurance(Please attach the Terms & Conditions)		
<ul style="list-style-type: none">Motor – Private Car Insurance(Please attach the Terms & Conditions)		
<ul style="list-style-type: none">Motor – Commercial Vehicle Insurance(Please attach the Terms & Conditions)		
<ul style="list-style-type: none">Money(Please attach the Terms & Conditions)		
<ul style="list-style-type: none">Fidelity Insurance(Please attach the Terms & Conditions)		

The Period of Coverage will be One Year from 31st March 2024.

Note : The payment will be made on quarterly basis upon completion of that period against VAT Invoice.

It is understood that the Service Provider will provide sufficient stand-by staff in order to provide an uninterrupted service.

The unit prices indicated above are not subject to escalation whatsoever and shall remain the same during the life of the Service Contract, if and when it becomes operational.

4. Terms and Conditions

- The Insurance Service will be allotted to single Service Provider only. But the school reserve right to sign with more service provider (if required).

- A Bid Bond of 1% of the Quoted value is required along with the Bid and unsuccessful bidders will be refunded the same after awarding of Service Contract to successful Bidder.
- A Bank Guarantee equal to 10% of Quoted value valid for 1 year to be submitted to school at the time of signing the Service Contract by the successful bidder.
- Service period will be for 1 Year.
- Above tender will be subject to General terms & Conditions posted on the school website.
- The school may take serious action in case of any delay in performing the assigned services by the Service Provider.

5. Validity

This bid shall remain valid for a period of one hundred twenty (120) calendar days following the bid closing date.

(Name in Print of Authorized Signatory)

(Signature)

(Designation & Title)

(Name of Company)

(Date)
(Official Seal of the Company)