



Date: 28/04/2023

INVITATION TO SUBMIT QUOTATION FOR “Medical insurance for local staff”

ARCS - NGO association was founded in Rome in 1985 by Arci, the largest secular association for social and cultural promotion in the Italian Third Sector.

ARCI's mission, history and values have their roots in the experiences of mutual solidarity in the late nineteenth century and they are today put into practice in the support for all forms of association for active citizenship, in the fight against all forms of social exclusion and in the defense of freedom and of participatory democracy, in the affirmation of a global society of rights and justice.

" ARCS Lebanon kindly requests your quotation for medical insurance for local staff as per the following:

Comprehensive Hospital Insurance (Yearly):

1. All hospital and emergency room admissions including NICCU, ICU and CCU.
2. Out – Of – Hospital Insurance.
3. Life Insurance.
4. Work Accident Insurance (Workmen compensation): As per the Lebanese Labor Law

The mandatory documentation to be submitted to ARCS shall include **(incomplete submissions will be excluded)**:

1. Quotation.
2. Company registration certificate: شهادة تسجيل مؤسسة
3. Commercial register certificate إذاعة تجارية
4. Copy of the ID of the legal representative صورة عن بطاقة الهوية لصاحب المؤسسة

EVALUATION CRITERIA:

1. Price: 40%
2. Refund percentage in case of cancellation: 40%
3. Previous experience (preferably with NGOs or INGOs): 10%
4. List of Medical Networks:10%



ARCS will not consider offers not matching the specifications required

Payments will be carried out in USD via transfer to the Contractor's bank account on a bimonthly basis.

Request of clarification must be sent to: arcs.lebanon@arcsculturesolidali.org

Address: Furn el Chebak – Mar Nohra Residence 360 – Beirut - Lebanon.

Phone: 00961(0)1294120

Notes:

- 1) Prices are in US Dollars and shall include any additional transportation or packaging cost;
- 2) The offer remains valid for at least 30 days;
- 3) The quantities (employees to be insured) may increase or decrease without any change in the unit price.

Acknowledgement of receipt of the invitation

I undersigned....., on behalf of
..... (Company name),
acknowledge the receipt of the invitation to submit a quotation for Medical insurance for local staff.

Date

Signature and Stamp