**REQUEST FOR QUOTATION**

|  |  |
| --- | --- |
| Subject: | Health insurance for local staff . |
| RFQ# | RFQ-2023-001 |
| Issue Date: | 28/4/2023 |
|  |  |

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| --- | --- | --- | --- |
| Supplier or Company Name: |  | | |
| Address: |  | | |
| Contact Person: |  | | |
| Phone Number: |  | Email |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Item Description | Quantity | Unit price (USD) | Total Price (USD) |
| 1 | Comprehensive Hospital Insurance (Yearly):  - All hospital and emergency room admissions including NICCU, ICU and CCU.  - Out – Of – Hospital Insurance.  - Life Insurance.  - Work Accident Insurance (Workmen compensation): As per the Lebanese Labor Law | 4 |  |  |
| Grand Total | | | |  |
| Vat Amount (if applicable) | | | |  |

|  |  |
| --- | --- |
| Delivery Cost |  |
| Delivery Date |  |
| Date of offer |  |
| Validity of the Offer |  |
| Payment Terms | Payment will be carried out in USD via transfer to the contractor’s bank account on a bimonthly basis. |
| Notes | Prices are in US Dollars and shall include any additional transportation or packaging cost.  The offer remains valid for at least 30 days.  The quantities (employees to be insured) may increase or decrease without any change in the unit price. Number of policies for local staff between 1 and 10 policies . |

**ARCS - ARCI Culture Solidali**

**Furn el Chebak- Mar Nohra Residence 360** Supplier or Company Name: **Beirut, Lebanon** Signature & stamp

**Office: 00961(0)1294120**

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