**THE HONG KONG COUNCIL OF SOCIAL SERVICE**

**Form of Request for Proposal**

**for**

**Provision of Insurance Consultancy Services of the Joint Insurance Scheme**

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| Attention: | The Hong Kong Council of Social Service |
| Address: | 13/F, Duke of Windsor Social Service Building,  15 Hennessy Road, Wanchai, Hong Kong SAR, China |
| Tender No. : | HKCSS\_JIS2023 |
| Tender Issuing Date | 29 April 2022 |
| Tender Closing Date and Time : | 31 May 2022, 5:00 p.m. |
|  | |
| *\* Remarks: (1)In the event of a black rainstorm warning or typhoon signal No.8 or above being in force at any time between 12:00 noon and 5:00 p.m. on the Closing Date, the closing time of the tender will be extended to 12:00 noon on the next working date (i.e. except Saturday and Sunday), other than public holidays.(2) Late tender will not be accepted. (3) All dates and times are Hong Kong time.* | |

Offer to be Bound

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|  | It is acknowledged that I/We, the undersigned/the legal entity hereunder mentioned do hereby agree to supply all or any portion of the items and services specified in the tender document provided by the Hong Kong Council of Social Service during the Service Period, subject to and in accordance with the tender’s Terms and Conditions provided by the Hong Kong Council of Social Service (“Council”) of the tender document unless otherwise counter-proposed in the Tenderer’s Tender Proposal and negotiations, if any, consequently thereon. | |
|  | I/We have been afforded the opportunities to read through the following documents (hereinafter collectively referred to as “Documents”) provided by the Council and are fully aware of the contents thereof :  (i) This Form of Request for Proposal;  (ii) The Tender Invitation as attached;  (iii) All addenda and supplementary information, if any, issued by the Council,  and I/We agree to be bound by the terms and conditions as stipulated in the Documents. | |
|  | I/We hereby offer, by way of this Form (Proposal) in three (3) copies, to supply the required service in accordance with the requirements and specifications laid down in the Proposal documents. In this connection, we enclose herewith the following documents (hereinafter collectively referred to as “the Applicant’s Submission”), which will form part and partial of this Proposal :  Appendix 1: (please provide if any)  Appendix 2: (please provide if any)  Appendix 3: (please provide if any)  Appendix 4: (please provide if any) | |
|  | I/We, hereby warrant that the sale and/or supply of the items or services or any of them by me/us will not infringe any patent or intellectual property rights. | |
|  | In any case, I/We agree to accept and execute orders in compliance with this Proposal for any or all of the services which may be placed by the Council from time to time. | |
|  | All necessary insurance (e.g. Workmen and Compensation Insurance) shall be provided whereas appropriate by the successful tenderer to indemnify the Council whenever there is a claims arising from the Assignment. The Period of Insurance of the insurance policies is at least for the period of the Assignment and any extension of it, plus a Defects Liability Period of 12 months if any. | |
|  | I/We shall keep this Proposal open for not less than 150 days after the Closing Date of the Tender. | |
|  | I/We warrant that the information, data and particulars contained in this Proposal and the Applicant’s Submission are true and accurate. We understand that we will be disqualified from the tendering exercise if false information is found during tender assessment. If false information is found subsequent to the issue of Approval-in-Principle by the Council, the Approval-in-Principle shall be withdrawn. Any Agreement, if signed, shall be rescinded by the Council. | |
|  | The tenderer shall not communicate to any person other than the Council the amount of any tender, adjust the amount of any tender by arrangement with any other person, make any arrangement with any other person about whether or not he or that other person should or should not tender or otherwise collude with any other person in any manner whatsoever in the tendering process until the tenderer is notified by the Council of the outcome of the tender exercise. Any breach of or non-compliance with this clause by the tenderer shall, without affecting the tenderer’s liability for such breach or non-compliance, invalidate his tender. This clause shall have no application to the tenderer’s communications in strict confidence with his own insurers or brokers to obtain an insurance quotation for computation of tender price and communications in strict confidence with his consultants to solicit their assistance in preparation of tender submission | |
|  | I/We understand that the Council does not need to accept all the services provided under this Proposal and the Council is at the liberty to accept any parts thereof, the Council is not bound to accept the lowest or any quotation which may be received. The Council reserves its right to cancel the tender at its discretion. | |
|  | I/We certify that the following person is duly authorized to sign this Proposal and bind ourselves to the terms, conditions, undertakings, warranties imposed by and prices offered in this Proposal and the Applicant’s Submission. | |
|  | This tender is submitted with the authority and on behalf of (insert name of the company) | |
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|  | whose registered office is situated at | |
|  |  | |
|  |  | |
|  | The number of my/our Company’s Business Registration Certificate is | |
|  |  | |
|  | which is valid until | |
|  |  | |
|  |  |  |
|  | Name and designation of the person signing | |
|  | Name in Block Letter: |  |
|  | Designation: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorised Signature** | |  | **Company Chop** |
| Date: |  |  |  |
| Tel. No.: |  |  |  |
| Email Address: |  |  |  |

FORM A

**THE HONG KONG COUNCIL OF SOCIAL SERVICE**

**Provision of Insurance Consultancy Services of the Joint Insurance Scheme**

A description of the company and information quoted hereunder should reflect the company’s businesses in **Hong Kong**. If necessary, please enclose company brochures, annual reports or additional sheets.

**Part I: Basic Information**

|  |  |
| --- | --- |
| Name of Company |  |
| Registered Address of Company |  |
| Mailing Address of Company |  |
| Duration it has been in the present business |  |
| Name of Senior Staff and members of the company |  |
| Background and History |  |
| Staff Resources |  |
| Clientele |  |

FORM A

**Part II: Financial strength of the company**

Please describe the financial strength of the company and illustrate its ability to provide stable and long term services for the Assignment. Please enclose the company’s audited accounts for the latest two years.

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FORM A

**Part III: Track records of serving NGO clients in Hong Kong**

Please list out the five largest Hong Kong NGO clients of the company. If necessary, please attach additional sheets.

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| --- | --- | --- | --- | --- |
| **No.** | **Name of NGOs** | **Total number of staff** | **Servicing Period** | **Insurance Coverage** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

Please describe the successful deals or offers obtained in the past, such as the discounts, terms and conditions negotiated by the Consultant for their NGO clients

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FORM B

**THE HONG KONG COUNCIL OF SOCIAL SERVICE**

**Provision of Insurance Consultancy Services of the Joint Insurance Scheme**

Please propose a high-level insurance and service arrangement, including not but limited to analyse the insurance market for the NGOs in Hong Kong, propose a comprehensive, cost-effective and innovative insurance coverage and arrangement according to current market practice. If necessary, please attach additional sheets.

**Part I: Insurance Coverage to be provided:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Core Schemes\*** | **(Yes/ No)** | **Duration of Tendering Cycle** | **Remarks (If any)** |
| Employees Compensation Insurance |  |  |  |
| Public Liability Insurance |  |  |  |

\*If Applicants cannot provide services on both core insurance schemes, the applications will be rejected.

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| --- | --- | --- | --- |
| **Optional Schemes** | **(Yes/ No)** | **Duration of Tendering Cycle** | **Remarks (If any)** |
| Voluntary Association Liability |  |  |  |
| Voluntary Medical Malpractice Liability |  |  |  |
| Product Liability |  |  |  |
| Cyber Liability |  |  |  |
| Motor Vehicle |  |  |  |
| Property All Risk |  |  |  |
| Money All Risk |  |  |  |
| Contractor All Risk (Owner Controlled Insurance Program) |  |  |  |
| Voluntary Employee Benefit |  |  |  |
| Group Personal Accident |  |  |  |
| Group Medical |  |  |  |

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| --- | --- | --- |
| **Other Schemes to be provided** | **Duration of Tendering Cycle** | **Remarks (If any)** |
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FORM B

**Part II: Proposed Insurance Arrangement**

Please demonstrate your understanding of the risk exposure and insurance needs of the social welfare sector and describe the insurance arrangement with explanation on the cost-effectiveness and innovativeness of the proposed arrangement.

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FORM B

**Part II: Proposed Professional Services and Scheme Management**

Please illustrate the professional services and scheme management to be provided. Please include the proposed format, service level and pledge (including but not limited to inquiry handling, claim management, preparing educational materials and organizing activities). Please provide samples of statistical reports, forms and any other reports relating to the Assignment.

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| **Proposed Services** | **Description** | **Service Level** |
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FORM B

**Part IV: Other value-added services**

Please indicate if there are other value-added services to the Council. If necessary, please attach additional sheets.

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| **Type of Value-added Services** | **Description** |
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FORM B

**Part V: The Designated Team Members who will handle the Assignment**

Please provide the resume of the designated team members with an organisation chart indicating their position in the company and details on their qualifications and experience (especially in managing insurance services for NGOs) to demonstrate the team’s ability in handling the Assignment. If necessary, please attach additional sheets.

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| **No.** | **Name of staff, title, expertise and qualification** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |

FORM C

**THE HONG KONG COUNCIL OF SOCIAL SERVICE**

**Provision of Insurance Consultancy Services of the Joint Insurance Scheme**

The Consultant is allowed to entitle commission and receive charges from the Insurers and other parties to finance its service of the Assignment. Please describe your financing model for the Assignment. Please specify the basis of charge if your company will receive commission or fee from insurers or other parties (if any).

**Financing model:**

|  |
| --- |
|  |

**Proposed Basis of Charge to Insurers or Other Parties:**

|  |  |  |
| --- | --- | --- |
| **Name of the Party** | **Basis of Commission or Fee to be charged (%)** | **Remarks:** |
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