

MANDATORY STATEMENTS and INFORMATION**TECHNICAL PART**

The undersigned represents to UNIDO the following statements of confirmation/information:

| No. | MANDATORY STATEMENTS: | Please confirm/ check by ticking the box as appropriate: | Remarks, if any: |
|-----|---|---|---------------------|
| 1 | Bidder confirms company/organization's ability and readiness to provide the property insurance in accordance with this RFP and its Annexes. Any deviation from the Terms of Reference (Appendix 1) or other documents contained in this Request for Proposal shall be clearly expressed. | <input type="checkbox"/> | |
| 2 | Bidder confirms acceptance of Dispute Settlement Clause and Choice of Law, as per the TOR (page 6, para VI.) | <input type="checkbox"/> | |

MANDATORY STATEMENTS and INFORMATION

Your offer MUST include:

| No. | MANDATORY INFORMATION: | Please confirm that information is provided in the bid by ticking the box: | Remarks, if any: |
|-----|---|--|---------------------|
| 1 | Company description, structure and number of employees. | <input type="checkbox"/> | |
| 2 | 5 years of experience in the provision of property insurance to foreign and international organizations. Experience in serving the UN A reference list of at least three (3) major customers including contact details. | <input type="checkbox"/> YES / NO <input type="checkbox"/> | |

| | | | |
|----------|--|--------------------------|--|
| | Availability of sufficient multilingual staff with good knowledge in English and/or French. | <input type="checkbox"/> | |
| 3 | A copy of the company's registration/incorporation documents [<i>Handelsregistereintragung, Konzession etc.</i>] | <input type="checkbox"/> | |
| 4 | Licences / authorization [<i>Gewerbeschein, Konzession</i>] if applicable | <input type="checkbox"/> | |
| 5 | A completed certified Supplier's Financial Statement (the form is enclosed herewith for completion as Appendix 3). Certification shall be normally provided by your bank, insurance company or any other authority customarily providing such certification according to the laws of your country. <i>Note: The Proposal submitted without certified Financial Statement runs the risk of being rejected.</i> | <input type="checkbox"/> | |
| 6 | A certified copy of the Financial Statements for the last 2-3 years of business and information regarding all claims, arbitration and other pending legal action concerning your company/organization, including the amounts of any pending claims, arbitration and other pending legal action of claims. <i>NOTE: Companies/organizations from Austria may attach the KSV 1870 'Unternehmensprofil Standard' which includes the above requested information (Bilanzdaten as well as G+V figures (if applicable)).</i> | <input type="checkbox"/> | |
| 7 | Copy of certificate of company/organization's operating standards and quality systems | <input type="checkbox"/> | |
| 8 | Bidder has any pending claims, arbitration and other pending legal action with clients or third parties and their scope. | YES/NO | |
| 9 | Details of all exclusions, if any, related to the requested coverage. | <input type="checkbox"/> | |

MANDATORY STATEMENTS and INFORMATION**COMMERCIAL PART**

The undersigned represents to UNIDO the following statements of confirmation:

| No. | MANDATORY STATEMENTS: | Please check as appropriate: | Remarks, if any: |
|-----|--|------------------------------|------------------|
| 1 | Bidder's offer is valid for a minimum period of six (6) months counting from the date of the proposal. Once your bid is accepted during this period, the price quoted in your bid must remain unchanged for the entire period of the resulting contract unless otherwise specified in the RFP. | <input type="checkbox"/> | |

Your offer **MUST** include:

| No. | MANDATORY INFORMATION: | Please confirm that information is provided in the bid: | Remarks, if any: |
|-----|--|---|------------------|
| 1 | Your best firm fixed price in Euro for each option of the insurance coverage, as requested in the Terms of Reference (Appendix 1). <i>Please indicate separately discounts, if any, which you may grant to UNIDO and the terms of such discounts.</i> | <input type="checkbox"/> | |
| 2 | The amount of deductible(s), if any, to be charged for each claim. | <input type="checkbox"/> | |

Registered office or other Address of the Bidder:

Postal Address:

Signature of authorized official of Bidder or person otherwise authorized to sign the proposal on behalf of the Bidder:

Name (print): _____

Signature: _____

Title/Position: _____

Place (City and Country): _____

Date: _____