

**Annexure-I ( Revised)**

(TO BE SUBMITTED ON THE COMPANY'S LETTER HEAD & SIGNED BY THE AUTHORIZED SIGNATORY WITH SEAL)

**EXECUTIVE SUMMARY ON EMPANELMENT OF INSURANCE BROKER WITH BGVB**

**REF NO:**

1	Name of the Company/ Firm					
2	Complete Address with Tel No. & Website (for further communication)					
3	Name, Designation, Contact No. & Email ID of the official for any communication in relation to					
4	Names of the JV Partners & % of stake held by each as at 31.03.2021					
5	Year of Establishment					
6	Month & Year of Business Commencement					
7	IRDAI License No. and Date					
8	PAN					
9	GSTIN					
10	Financial Information (Rs. In Crore)					
		2017-18	2018-19	2019-20`	Average for 3 Yrs	2020-21
A	Invested Capital					
B	Annual Revenue					
C	Operating (Profit/ Loss)					
D	Profit/ Loss after Tax					
E	Accumulated Profit/ Loss					
F	Net worth					

Sl	Particulars	Documents to be submitted	Response
1	Name of the Company	Copy of Certificate under Companies Act	
2	Registered Office Address	Self attested details of each Branch/ Office with address,Phone No and email id,etc..	
3	Type of License	Copy of original license issued by IRDA while granting the license and confirmation that the entity can do business.	
4	Number of years in operation in India i.e. License Issuance /Renewal Date License Copies (including renewal	License Copies (including renewal)	
5	Employee Strength (As on March 31, 2021)	Certificate from CEO/ Authorised Officer	
6	Details of Policies covering more than 5,000 lives in annexure VIII	Certificate from CEO/Authorised Officer & countersigned by CA of the Company	
7	Revenues (Rs. In crore)	Audited Balance Sheets for 2017-18, 2018-19 and 2019-20  CA Certificate for 2020-21	
	2020-21		
	2019-20		
	2018-19 2017-18		
8	Paid up capital (Rs. in Crore) Average for three Years 2017-18,2018-19 and 2019-20 ( Audited)	Audited Balance Sheets	
9	No. of offices (As on March 31, 2021	Certificate from CEO/Authorised Officer	
10	No. of Corporate Clients under Group Mediclaim Policies (As on March 31, 2021) in Annexure-VIII	Certificate from CEO/Authorised Officer & countersigned by CA of the Company	
11	Total Group Health Insurance Premium Placement for Corporate Clients (in cr.) Average for three Years 2017-18,2018-19 and 2019-20 ( Audited) In Annexure-VII	Certificate from CEO/Authorised Officer & countersigned by CA of the Company	
12	Details of Group Mediclaim Policies covering more than 5,000 lives in Annexure-VIII	Certificate from CEO/Authorised Officer & countersigned by CA of the Company	
13	Group Mediclaim Policies in line with IBA Medical Insurance Scheme brokered for Regional Rural Bank/Public Sector Banks/ During three Years 2018-19,2019-20 and 2020-21 in Annexure-IX	Certificate from CEO/Authorised Officer & countersigned by CA of the Company	
14	Total number of claims lodged under Group Mediclaim Policies handled by you (Average for three Years 2017-18,2018-19 and 2019-20 ) in Annexure-VII	Certificate from CEO/Authorised Officer & countersigned by CA of the Company	
15	Amount of claims lodged under Group Mediclaim Policies (Rs. in Crores) Average for three Years 2017-18,2018-19 and 2019-20 in Annexure-VII	Certificate from CEO/Authorised Officer & countersigned by CA of the Company	

16	Total number of claims settled under Group Medclaim Policies for Corporate Clients (Average for three Years 2017-18,2018-19 and 2019-20 ) in Annexure-VII	Certificate from CEO/Authorised Officer & countersigned by CA of the Company	
17	Amount of claims settled under Group Medclaim Policies for Corporate Clients (Rs. in Crores) (Average for three Years 2017-18,2018-19 and 2019-20 ) in Annexure-VII	Certificate from CEO/Authorised Officer & countersigned by CA of the Company	
18	Details of penalty imposed by IRDA during last three years in Annexure-VI	Duly signed by CEO/Principal Officer	

We submit/ enclose the following documents in support our Technical Bid in Annexure-III

We have read and understood the terms and conditions of the RFP and express our agreement to them and confirm that decisions of BGVB with regard to RFP will be binding on us.

- The information contained in the bid sheet is correct to the best of our knowledge and belief.
- We further confirm that our Company is in a position to comply with all the requirements in the RFP.
- All the copies of documents supporting the details specified in the RFP are attached.
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We confirm that we have not been debarred /blacklisted /disqualified by any Regulatory / Statutory body in India and We understand that if any false information is detected at a later date, the assignment shall be cancelled at the discretion of the Bank.

We also confirm that we will not assign to any one, in whole or in part, the obligations to perform under the RFP/ Agreement, except with the Bank's written consent. Further, if the Bank undergoes a merger, amalgamation, take-over, consolidation, reconstruction, etc. this RFP shall be considered to be assigned to the new entity and such an act shall not affect the rights of the Broker firm under this RFP.

We also ensure that all confidential information is treated as confidential and will not be disclosed or used other than for the purpose of the stated work..

Date:

Signature with Seal

Name

Designation

### Annexure-III ( Revised)

#### Evaluation Criteria for Technical Evaluation

**Total Marks-80**

SL	Criterion	Points	Total	Response	Marks Scored
1	<b>Number of years since license given by IRDA as on March 31, 2021</b>		<b>10</b>		
	Between 7 to 8 Years	4			
	Above 8 upto 10 years	6			
	Above 10 upto 12 years	8			
	Above 12 years	10			
2	<b>Paid up capital (Rs. in Crore) Average for three Years 2017-18,2018-19 and 2019-20 ( Audited)</b>		<b>10</b>		
	Between 1 crore to 2 crore	4			
	Above 2 crore to 3 crore	6			
	Above 3 crore to 4 crore	8			
	Above 4 crore	10			
3	<b>Annual Revenue (Rs. In Crore) Average for three Years 2017-18,2018-19 and 2019-20 (Audited)</b>		<b>10</b>		
	Between 5 crore to 10 crore	4			
	Above 10 crore to 25 crore	6			
	Above 25 crore to 50 crore	8			
	Above 50 crore	10			
4	<b>Number of Employees ( In India) as on 31.03.2021</b>		<b>2</b>		
	Between 50 to 100	1			
	More than 100	2			
5	<b>Regional Presence in West Bengal</b>		<b>3</b>		
	Branch Office	1			
	Zonal/Regional Office in West Bengal	2			
	Head Office in West Bengal	3			

6	<b>Overall Group Health Premium placed for Corporate Clients (Rs. in crore) Average for three Years 2017-18,2018-19 and 2019-20 ( Audited)</b>		<b>10</b>		
	Upto 20 crore	4			
	More than 20 upto 40	6			
	More than 40 upto 100	8			
	More than 100	10			
7	<b>Number of Corporate Group Mediclaim Policies brokered having coverage of minimum 5,000 people (existing as on 31.03.2021)</b>		<b>10</b>		
	One (1) Policy	3			
	Two(2) Policies	5			
	Three(3) Policies	7			
	Four(4) Policies and above	10			
8	<b>Group Mediclaim Policies in line with IBA Medical Insurance Scheme brokered for Regional Rural Bank/Public Sector Banks/ During three Years 2018-19,2019-20 and 2020-21</b>		<b>5</b>		
	One (1) Policy	2			
	Two(2) Policies	3			
	Three(3) Policies	4			
	Four(4) Policies and above	5			
9	<b>Total number of claims lodged under Group Mediclaim Policies handled by you (Average for three Years 2017-18,2018-19 and 2019-20 )</b>		<b>5</b>		
	Upto 10,000	1			
	More than 10,000 up to 20,000	2			
	More than 20,000 up to 30,000	3			
	More than 30,000	5			
10	<b>Amount of claims lodged under Group Mediclaim Policies (Rs. in Crores) Average for three Years 2017-18,2018-19 and 2019-20</b>		<b>5</b>		
	Upto 20	2			
	More than 20 up to 40	3			
	More than 40 up to 60	4			
	More than 60	5			
11	<b>Total number of claims settled under Group Mediclaim Policies (Average for three Years 2017-18,2018-19 and 2019-20 )</b>		<b>5</b>		
	Upto 10,000	2			
	More than 10,000 up to 20,000	3			
	More than 20,000 up to 30,000	4			
	More than 30,000	5			

12	<b>Amount of claims settled under Group Mediclaim Policies (Rs. in Crores) (Average for three Years 2017-18,2018-19 and 2019-20 )</b>		<b>5</b>		
	Upto 20	2			
	More than 20 up to 40	3			
	More than 40 up to 60	4			
	More than 60	5			
	<b>TOTAL MARKS SCORED (Out of 80 )</b>				
13	<b>Penalty imposed, if any by IRDA during last three years ending 31.03.2021</b>		<b>(-) 5</b>		
	Penalty imposed during the Year 2020-21	(-) 5			
	Last Penalty imposed during the Year 2019-20	(-) 3			
	Last Penalty imposed during the Year 2018-19	(-) 2			
	<b>TOTAL MARKS SCORED Net of PENALTY ( If Applicable)</b>				

### **Presentation: (weightage: 20% )**

Top six (6) eligible bids in terms of Technical Bids will be invited to make a presentation to an internal committee constituted for the purpose. In case of tie, all companies at sixth rank will be invited to make the presentation. The Internal Committee will rank the presentations. All six (6) Participants would be informed about their rank in the presentation

Date:

Signature with Seal

Name

Designation

## ANNEXURE-VI

### DETAILS OF PENALTY IMPOSED BY IRDA DURING LAST THREE YEARS

YEAR	2018-19	2019-20	2020-21
No of Occasions			

A Brief description of the reasons for imposition of penalty.

Date:

Signature with Seal  
Name

Designation

**ANNEXURE-VII**

**Information on Premium Placed ,Claims Management, Experience & Data regarding claims settled in Corporate policies brokered by the Company.**

Year	Premium Placed	No. Of Claims Lodged	Total Claimed Amount	Amount in Crore	
				No. Of Claims Settled	Total Claim settled amount
2017-18					
2018-19					
2019-20					
Average for three years					
2020-21					

(Enclose necessary document proof)

Date:

Signature with Seal  
Name

Designation



## ANNEXURE-VIII

<b>Track Record of Corporate Group Mediclaim Policies brokered having coverage of minimum 5,000 people ( Include Scheduled Banks/Financial Institution/PSU ( As on 31.03.2021 )</b>				
SI No	Name and Complete postal address of the Corporate	Name, Telephone, email address of the contact person	No. of years of Broker ship	Lives covered
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

(Enclose necessary document proof)

Date:

Signature with Seal  
Name

Designation

**ANNEXURE-IX**

<b>Track Record of Group Mediclaim Policies brokered for Regional Rural Bank/Public Sector Banks ( Period from 01.04.2018 to 31.03.2021)</b>				
Sl No	Name and Complete postal address of the Regional Rural Bank/Public Sector Banks/ Public Sector Companies	Name, Telephone, email address of the contact person	No. of years of Broker ship	Lives covered
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

'Group Mediclaim Policies' in line with Appendix I -Medical Scheme for the Officers/ Employees of IBA Member Banks, parties to the Bipartite Settlement/ Joint Note dated 25th May 2015 ( For Existing Employees/Retirees)

(Enclose necessary document proof)

Date:

Signature with Seal

Name

Designation

**ANNEXURE-X**

**Authorization Letter Format (for attending Bid opening)**

(To be presented by the authorized person on the letter head of Bidder and should be signed by an Authorized Signatory with Name and Seal of the Company)

**Reference No:**

**Date:**

General Manager (HR)  
Bangiya Gramin Vikash Bank  
Head Office-Chuanpur, NH-34,Berhampur  
P.O- Berhampur, Dist – Murshidabad  
West Bengal

Dear Sir,

SUB: RFP for Empanelment of Insurance Broker (Authorization Letter Format for attending Bid opening)  
Ref: RFP REFERENCE NO. BGVV/HR/ 1720 /2021-22 Dated 28.06.2021

This has reference to your above RFP.

Mr./Ms. .... is hereby authorized to attend the Bid opening of the above RFP on ..... on behalf of our organization.

Contact No.....

Email id of Authorised Signatory.....

The specimen signature is attested below:

\_\_\_\_\_  
Specimen Signature of Representative

Signature of Authorizing Authority

\_\_\_\_\_  
Name & Designation of Authorizing Authority

