



# **Agro-Chemical and Food Company Limited**

## **OPEN TENDER**

---

### **PREQUALIFICATION FOR PROVISION OF GENERAL AND LIFE INSURANCE BROKERAGE SERVICES 2020/2021**

---

**Tender No: ACFC/INS/02/2020/21**

**Agro Chemical and Food Company Limited**

P.O. Box 18 – 40107, Muhoroni

Email: [admin@acfc.co.ke](mailto:admin@acfc.co.ke)

Website: [www.acfc.co.ke](http://www.acfc.co.ke)



# Agro-Chemical and Food Company Limited

## INVITATION TO TENDER

Tender No. ACFC/INS/02/2020/21

Tender Name: PRE-QUALIFICATION FOR PROVISION OF GENERAL AND LIFE INSURANCE BROKERAGE SERVICES

Agro-Chemical and Food Company Limited is a leading manufacturer of bakers' yeast and a wide range of spirits in Kenya and is in the process of acquiring General and Life Insurance Brokerage Services starting from 1<sup>st</sup> July 2020 and ending on 30<sup>th</sup> June 2021 for an initial period of one year and renewable annually subject to Satisfactory Performance up to a maximum of two years.

Interested, eligible and competent Brokerage Firms are therefore invited to apply.

The tender documents with detailed information downloaded for free from the company's website: [www.acfc.co.ke](http://www.acfc.co.ke).

Completed prequalification documents are to be enclosed in plain sealed envelopes clearly marked "**PRE-QUALIFICATION FOR PROVISION OF GENERAL AND LIFE INSURANCE BROKERAGE SERVICES**" and be deposited in the tender box at the entrance to the main administration block at Muhoroni Factory or be mailed to the address below so as to be received on or before **March 24, 2020 at 1230 hours**.

The Resident Director and Chief Executive  
Agro-chemical and Food Company Limited  
P.O. Box 18 – 40107  
**Muhoroni, Kenya**

Tenders will be opened immediately thereafter in the presence of the candidates' representatives who choose to attend.

ACFC reserves the rights to accept or reject any application in part or in whole and does not bind itself to give reasons for its decision.

[www.acfc.co.ke](http://www.acfc.co.ke)

\*\*\*\*\*

## TABLE OF CONTENTS

		PAGE NOS.
SECTION A	GENERAL INFORMATION FORM	2-9
SECTION B	SPECIAL CONDITIONS APPLICABLE TO THIS PRE-QUALIFICATIONS	10-14

**SECTION A. GENERAL INFORMATION FORM**

**PRE-QUALIFICATION FORM FOR PROVISION OF GENERAL AND LIFE INSURANCE  
BROKERAGE SERVICES FOR THE YEAR 2018/2019**

(Please note that information given in this form will be treated as confidential and will not be released to any third party unless by your written authority)

**1.1 LEGAL STATUS OF BROKER**

(Copies of Certificate of Incorporation, Personal Identification Number (PIN) and Value Added Tax (VAT). {Registration certificates must be attached}.

BUSINESS NAME: \_\_\_\_\_

Current registration with Commissioner of Insurance No. .... (Attach Certificate Copy).

Current registration with Association of Insurance Brokers of Kenya (AIB) No. .... (Attach Certificate copy).

LOCATION OF BUSINESS: COUNTRY/TOWN: \_\_\_\_\_

PLOT NO:\_\_\_\_\_

STREET/ROAD: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO: -----

FAX NO: -----

E-MAIL NO: -----

CONTACT PERSON -----

NATURE OF BUSINESS: -----

**1.2 CONFIDENTIAL BUSINESS QUESTIONNAIRE**

**SOLE PROPRIETOR**

Your name in full ..... Age .....

Nationality ..... Country of Origin .....

Citizenship details .....

**PARTNERSHIP**

GIVE DETAILS OF PARTNERS AS FOLLOWS:

	Name	Nationality	Citizenship Details	Shares
a.	-----	-----	-----	-----
b.	-----	-----	-----	-----
c.	-----	-----	-----	-----
d.	-----	-----	-----	-----
e.	-----	-----	-----	-----
f.	-----	-----	-----	-----

**REGISTRATION OF COMPANY**

PRIVATE OR PUBLIC -----

State the nominal and issued capital of the Company:

Nominal Kshs. ....

Issued Kshs. ....

**GIVE DETAILS OF ALL THE DIRECTORS AS FOLLOWS**

	NAME IN FULL	NATIONALITY	ADDRESS	OTHER DIRECTORSHIP IN KENYA
1.	-----	-----	-----	-----
2.	-----	-----	-----	-----
3.	-----	-----	-----	-----
4.	-----	-----	-----	-----
5.	-----	-----	-----	-----

**YEARS OF EXPERIENCE IN BROKERAGE SERVICE BUSINESS**

-----

MAXIMUM VALUE OF RISK WHICH YOU CAN HANDLE AT ANY TIME

KSHS.....

GIVE DETAILS OF THE INSURANCE COMPANIES YOU ARE REPRESENTING:

1. -----
2. -----
3. -----
4. -----
5. -----

**(Company/Principals authorization certificate on their letter head signed by a competent person must be attached).**

1.3 TOTAL ANNUAL VOLUME OF PREMIUM INCOME IN THE LAST TWO YEARS

SR. NO.	YEAR	VOLUME (VALUE IN KSHS)
1.		
2.		

1.4 LIST OF YOUR MAJOR CUSTOMERS THAT YOU ARE CURRENTLY ACTING FOR AS BROKERS AND OBTAIN REFERENCES TO THAT EFFECT

SR. NO.	CLIENTS	NAME OF CLIENT AND ADDRESS	VALUE OF PREMIUM	COMPLETION PERIOD
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

(REFERENCE IN CUSTOMERS' LETTER HEADS MUST BE ATTACHED)

1.5 QUALIFICATIONS AND EXPERIENCE OF KEY PERSONNEL FOR ADMINISTRATION AND EXECUTION OF THE BROKERAGE

POSITION	NAME	QUALIFICATION	YEARS OF EXPERIENCE

1.6 FINANCIAL REPORTS OF THE LAST TWO YEARS, STATEMENT OF FINANCIAL POSITION, INCOME STATEMENTS, STATEMENTS OF CASH FLOW, AUDITOR'S REPORTS, ETC. (List below and attach copies).

1.7 EVIDENCE OF ACCESS TO FINANCIAL RESOURCES TO MEET THE PRE-QUALIFICATION REQUIREMENTS

- 1. -----
- 2. -----
- 3. -----
- 4. -----

(List and attach copies of supporting documents, e.g. lines of credits/professional indemnity policy)



1.8 NAME, ADDRESS AND TELEPHONE, FACSMILE AND E-MAIL NUMBERS OF BANKS THAT MAY PROVIDE REFERENCE IF CONTACTED

- 1. -----
- 2. -----
- 3. -----
- 4. -----

1.9 ANY OTHER REMARKS:

Please give any further information or supporting documents about your business that may support your application.

.....

.....

.....

## 2.0 CONFIRMATION

I confirm that the information given in this form is true to the best of my knowledge.

-----

NAME

-----

POSITION

-----

SIGNATURE

-----

DATE

Note: Any false information will result in disqualification.

FOR USE BY AGRO-CHEMICAL AND FOOD COMPANY LIMITED

**SECTION B: SPECIAL CONDITIONS APPLICABLE TO THIS PRE-QUALIFICATION**  
**MANDATORY QUALIFICATION REQUIREMENTS FOR BROKERAGE FIRMS**

- a. Copy of Certificate of Incorporation.
- b. Copies of Certificate of registration as a Broker for the current period.
- c. Copy of professional indemnity cover.
- d. Copy of the current membership certificate of the Association of Insurance Brokers of Kenya (AIB).
- e. Copy of current registration with the Insurance Regulatory Authority (IRA).
- f. Copies of audited financial statements for the last two years.
- g. Evidence of professional compliance.
- h. Submit details of professional qualifications for the Principal Officer and at least three (3) officers.
- i. Provide a list of at least five (5) large corporate clients.
- j. Provide current reference letters from your corporate clients on their letter heads.
- k. Proof of compliance with statutory requirements from the following:
  - NSSF
  - NHIF
  - Tax Compliance Certificate
- l. Provide list of Directors and Principal Shareholders – percentage of ownership.
- m. Proof of being in continuous business for the last three years to date.
- n. Broker's Authorization letters from underwriters on their letter heads.
- o. Any other information or documents, which in your opinion may assist in the objective evaluation of your proposal.

## **MANDATORY QUALIFICATION REQUIREMENTS FOR UNDERWRITERS**

Brokers should submit the following with regard to Underwriters from who they represent.

- i. Proof of the underwriters who have been in continuous business for the last five (5) years.
- ii. Provide current underwriters reference letter on their letter heads.
- iii. Provide the underwriters audited accounts for the last two (2) years.
- iv. Attach Company profile showing qualifications of Principal Officers and three (3) other key officers.
- v. Copy of Certificate of Registration with Commissioner of Insurance.
- vi. Copy of a current membership of the Association of Kenya Insurers (AKI).
- vii. Proof of compliance with statutory requirements from the following:
  - NSSF
  - NHIF
  - Tax compliance certificate
- viii. Provide list of Principal Shareholders and percentage of ownership.
- ix. Provide any other information or documents which in the Brokers opinion may assist in the objective evaluation (of the underwriter's proposal).

\*\*\*\*\*

JOA/mao

24.02.2020

## **EVALUATION CRITERIA**

Detailed below please find the criteria that will form the basis of evaluation.

### **CRITERIA FOR EVALUATION OF PROVISION FOR INSURANCE BROKERAGE SERVICES UNDERWRITERS**

<b>A</b>	<b>MANDATORY REQUIREMENTS</b>	
<b>S/№</b>	<b>Mandatory Requirements</b>	<b>Yes/No</b>
1	Certificate of Incorporation	
2	Copy of Registration as an insurer	
3	Copy of AKI membership certificate	
4	Valid NSSF compliance letter	
5	Valid NHIF compliance letter	
6	Valid Tax Compliance certificate	
7	Fully Completed Self-Declaration Form	
<b>KEY: Yes = Responsive, No = Not Responsive</b>		

Note: Failure to provide any of the above documents shall lead to **automatic** disqualification

<b>B</b>	<b>MANDATORY REQUIREMENTS</b>	
<b>S/№</b>	<b>Requirement</b>	<b>Maximum Score</b>
1	Audited accounts Last 2 Years	3
2	Qualification of Key Officers	3
3	List of Current 10 Corporate clients	3
4	Directorship/shareholding	3
5	Proof of 5 years in business	4
6	Past Experience in Underwriting with ACFC	4
	<b>TOTAL SCORE (Pass Mark = 85%)</b>	<b>20</b>

Note: Underwriters attaining a minimum of 85% of the total maximum score (i.e. 85% of 20 Points = 17 Points) are prequalified.

**CRITERIA FOR EVALUATION OF PROVISION FOR INSURANCE BROKERAGE SERVICES**  
**INSURANCE BROKERS**

<b>A</b>	<b>MANDATORY REQUIREMENTS</b>	
<b>S/№</b>	<b>Mandatory Requirements</b>	<b>Yes/No</b>
1	Certificate of Incorporation	
2	Current Certificate of Association of Insurance Brokers AIBK	
3	Current Registration Certificate from Insurance regulatory Authority	
4	NSSF compliance letter	
5	NHIF compliance letter	
6	Tax Compliance certificate	
7	Fully Completed Self-Declaration Form	
<b>KEY: Yes = Responsive, No = Not Responsive</b>		

Note: Failure to provide any of the above documents shall lead to **automatic** disqualification

<b>B</b>	<b>MANDATORY REQUIREMENTS</b>	
<b>S/№</b>	<b>Requirement</b>	<b>Maximum Score</b>
1	Copy of professional Indemnity cover	4
2	Evidence of Professional compliance	4
3	Audited accounts Last 2 Years	4
4	Qualification of Key Officers	4
5	List of Current Corporate clients	4
6	Copies of letters from corporate clients appointing brokers on letter Head	4
7	List of Directors and Principals Officers	4
8	Total Volume of Business in last two years	4
9	Broker's Authorization letters from underwriters on their letter heads.	4
10	Past Experience in Underwriting with ACFC	4
	<b>TOTAL SCORE (Pass Mark = 85%)</b>	<b>40</b>

Note: Brokers attaining a minimum of 85% of the total maximum score (i.e. 85% of 40 Points = 34 Points) are prequalified.

**SELF-DECLARATION FORM**

***(Anti-Corruption, Anti-Fraudulent Practice & Non-Debarment Declaration)***

We ***(insert the name of the company / supplier)*** ..... declares and guarantees that:

1. NO offer, gift or payment, consideration or benefit of any kind, which constitutes an illegal or corrupt practice, has been or will be made to anyone by our organization or agent, either directly or indirectly, as an inducement or reward for the award or execution of this procurement.

In the event the above is contravened we accept that the following to apply —

- (a). The person shall be disqualified from entering into a contract for the procurement; or
  - (b). If a contract has already been entered into with the person, the contract shall be voidable at the option of ACFC.
  - (c). The voiding of a contract by the procuring entity under subsection (b) does not limit any other legal remedy That ACFC may have.
2. NO person in our organization has or will be involved in a fraudulent practice in any procurement proceeding.
3. NO director or any person who has any controlling interest in our organization has been debarred from participating in a procurement proceeding.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2020.

\_\_\_\_\_  
[signature]

\_\_\_\_\_  
[in the capacity of]

Duly authorized to sign tender for and on behalf of \_\_\_\_\_

\_\_\_\_\_  
**Company Seal / Business Stamp**