



SUPPLIERS APPRAISAL QUESTIONNAIRE

FIDELITY SHIELD INSURANCE COMPANY LIMITED

PRE-QUALIFICATION OF SUPPLIERS AND DEVELOPMENT OF PRICE DATABASE

(NB:Indicate Item/Services which you deal in .The items/services are on the Fidelity Shield

Insurance website)

CONTENTS OF THE QUESTIONNAIRE

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PART A –SUPPLIER BACKGROUND INFORMATION		
	ITEM/SERVICES CATEGORY REF NO	
1	Name of Organization	
2	Products/Services	
3	Address for all Correspondence	
4	Principal Contact Person/s	
5	Position	
6	Telephone Numbers	Landline/s:..... Mobile/s:.....
7	Fax Numbers	
8	E-mail Address	
9	Physical Location of Business Premises (Note that a visit to your office may be made to confirm information provided)	Town:..... LR. No..... Street:..... Building..... Floor:.....
10	Nature of Organization (Ltd, Plc, Partnership, Sole proprietorship, etc.)	

11	Names of Proprietor/ Partners/ Directors	NAME NATIONALITY ID Nos/Passport Nos 1..... 2..... 4.....
12	Geographical Areas of Operation	
13	Business Operations	Year established..... Duration of business operation.....
14	Registration with the relevant regulatory authority(<i>State the Authority</i>)	
15	Membership of relevant Association(<i>State the Association</i>)	
16	Company Registration No. /If Individual copy of ID (Attach copy)	No.....
17	VAT Registration No. (Attach copy)	No.....
18	Valid Tax Compliance Certificate	Attach copy
19	Current Trade License No.	No.....
20	PIN No. (Attach copy)	
21	Brief description of goods / services /works that you offer	
22	Brief summary of service chapter	
Please attach copy of organizational structure and profile of key personnel of the organization		

PART B - FINANCIAL STATUS & TERMS OF TRADE

23	Name of Bank & Branch /Bank A/C No. <i>(from which a financial reference may be sought)</i>	
24	Bank Details a. Account numbers b. Full names c. Physical address including street name, city, country and postal code d. Postal/correspondence address, if different from (a-c above)	

25	Bank Telephone Number	
26	Bank Contact Name & Position	
27	State Annual Turnover <i>(Attach certified copies of bank statements for the past one year)</i>	Annual Turn Over in KShs.....
28	State Profit for the past 3 years <i>(Attach copies of audited accounts)</i>	Profit in KShs. Year..... Year..... Year.....
29	What is the current (<u>Current Assets</u>) x 100 Current Liabilities	
30	Indicate terms of trade/sale	i) Cash on delivery..... ii) Credit Offered Yes <input type="checkbox"/> No <input type="checkbox"/> Tick as appropriate If Yes indicate No. of days..... iii) Upfront payment/Down payment. Yes/No Tick as appropriate If Yes, state percentage.....
31	State Criteria related to reducing costs at your end	

	PART C: CONTRACT MANAGEMENT	
32	Do you have a procedure on Contract administration?	
33	Is your company registered with the an appropriate regulatory authority for the type of business you are undertaking (provide evidence)	
34	How are customers Intellectual Property (IP) being safeguarded – both internally and with subcontractors you may engage? Do you have NDA (Non-Disclosure Agreement) with your suppliers?	

35	<ul style="list-style-type: none"> Do you have NDA (Non-Disclosure Agreement) in place with them? 	
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PART D: QUALITY MANAGEMENT SYSTEMS		
36	Is there a strategy for continuous improvement of quality	
37	If YES, Briefly explain	
	State any Quality Assurance Certification e.g. ISO 9001:2008 held by the company or equivalent (If applicable)-If so attach the Certificate)	
38	If not yet certified what steps are being taken to attain No.37 .above?	

PART E : SALES AND CUSTOMERR SUPPORT		
39	Main market segment being serviced	
40	The maximum contract value the company is willing to undertake	Minimum: Maximum:
41	What level of technical support is generally offered?	
42	Is there a team of persons that can be contacted? If so state their contacts	
43	Do you have customer service policy?	
44	Do you have a system for reporting complaints and rectifying defects?	
45	Do have well-trained and experienced service staff	
46	Do you have effective information systems?	
47	Do you measure performance against service level agreements? If so what are the KPIs?	
48	Are there any plans/investments to improve customer service?	
49	How do you seek feedback from customers?	
50	Is there a strategy and system to continuously improve its customer service	

	PART F:GOVERNANCE ISSUES	
51	Is there ethics policy and practice guidelines in place	Yes <input type="checkbox"/> No <input type="checkbox"/>
52	If yes how is the policy enforced?	

PART G: - REFERENCES

53	Provide contact details for 3 referees for previous / current work that is similar or the same to the one now applied for. The referees may be contacted at any given time.	
A	Organization..... Contact Name..... Position..... Telephone No..... E-mail address..... Value of Contract..... Duration of Contract (date).....	Signature of referee & Official Stamp
B	Organization..... Contact Name..... Position..... Telephone Nos..... E-mail address..... Value of Contract..... Duration of Contract (date).....	Signature of referee & Official Stamp
C	Organization..... Contact Name..... Position..... Telephone No..... E-mail address..... Value of Contract..... Duration of Contract (date).....	Signature of referee & Official Stamp

Please attach copies of LPOs, award letters or any other approved document from each of the above showing works done and their values.

	PAERT H : PRICING OF GOODS /SERVICE/WORKS
54	Submit a list and prices of goods and services or works for which you have completed this questionnaire. <ul style="list-style-type: none">• The prices should be net delivered• A separate catalogue of prices may be submitted if necessary

PART I: DECLARATION

Having studied the pre-qualification information presented in response to the questionnaire, we/I

hereby state:

- The information furnished in my/our application is accurate to the best of my/our knowledge.
- That in case of being pre-qualified I/we acknowledge that this grants us the right to participate
- In due time in the submission of a tender or quotation on the basis of provisions in the tender or
Quotation documents to follow
- I/We enclose all the documents and information required for the pre-qualification evaluation.
- That Fidelity Shield Insurance Company Limited reserves the rights to accept or reject my/
- Our pre-qualification documents without necessary providing a reason for such a decision.
- That pre-qualification does not mean automatic contract award for the goods or services
- My/our company have been pre-qualified for. Business award will be based on availability of resources, needs and competitive quotations and/or bids and if not competitive, I/we will not be awarded the contract.

Date

Business Name

Represented by

Title.....

Signature

(Full name and designation of the person signing and stamp or seal)

NB: Failure to sign this statement will lead to an automatic disqualification of the
Supplier/service provider from any further pre-qualification considerations