



Caring People. Quality Service

**FORM OF TENDER**

**TENDER NO:CTC/09-10/HSA/048**

To be returned by **12 noon on Friday, 21st May 2010**  
To the Secretary of the **Central Tenders Committee,**  
**1st Floor Government Administration Building,**  
**71 Elgin Avenue, Grand Cayman KY1-9000, Cayman Islands**  
**Attn: Mr. Ronnie Dunn**

**TENDER**

For **Provision of Health Care Coverage**

To the Cayman Islands Health Services Authority:

- 1 We have perused the following documents:
  - (1) Letter of Invitation to Tender 20th April 2010
  - (2) Schedule A Conditions of Tender
  - (3) Schedule B Request for Proposal
  - (4) Draft Form of Agreement for Provision of Health Care Coverage
  - (5) Tender Bid Form
  - (6) Notice to Bidders No: CTC/09-10/HSA/048

2 Subject to the terms and conditions contained or referred to in the documents listed in paragraph 1, we offer to provide all the services referred to in the said documents in consideration of payment of the following sums as itemised below:

**Schedule of Services**

- 1 1st July 2010 to 30th June 2011

**TOTAL COST FOR HEALTH CARE COVERAGE for a 12 month period**

**Staffing**

- 1 Number of staff allocated to contract
- 2 Total number of staff

**List of Documents and other information that MUST be Included with the Tender**

- A** Trade and Business License
- B** Two references from current clients
- C** One reference from a past client
- F** Total staff compliment

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In offering to provide the above services we understand and agree to the following:

- 1 Prices are to quoted in United States Dollars or Cayman Islands Dollars with USD equivalent stated
- 2 Prices accepted in the tender process will be fixed for the period covered by
- 3 The Authority reserves the right to reject products that do no meet international quality standards
- 4 All correspondence, documentation, manuals, products labels, product instructions must be in English
- 5 Payment terms must be a minimum of net thirty (30) days.

**SIGNATURE OF BIDDER** \_\_\_\_\_

**BY [Name of Person signing] :** \_\_\_\_\_

**IN THE CAPACITY OF:** \_\_\_\_\_

**FOR AND ON BEHALF OF:** \_\_\_\_\_

**DATED:**  **TEL:**  **E-MAIL:**

**Postal Address:** \_\_\_\_\_