

SECTION 3.1: APPOINTMENT CONDITIONS VIA THE REQUEST FOR QUOTATION (RFQ)

PROCESS FROM ALL THE APPOINTED PANEL MEMBERS

NOTE: ONLY FIRM PRICES WILL BE ACCEPTED. NON-FIRM PRICES (INCLUDING PRICES SUBJECT TO RATES OF EXCHANGE VARIATIONS) WILL NOT BE CONSIDERED

Pricing shall not be applicable for evaluation of this bid. Functionality will be used as a basis to appoint a panel of service providers to follow the quotation process after approval of funding per project.

The implementation of the tender will be as follows:

- 3.1.1 That the basis of appointment will be to appoint a suitable panel of service providers on an annual basis with the exception of the first appointment being effective for 9 months from the period 01 October 2025 until 30 June 2026 (financial year-end for local municipalities) thereafter the appointments will be on an annual basis commencing from 01 July 2026 and 01 July 2027 respectively.
- 3.2.2 Hessequa Municipality will determine the scope of works, pricing schedule, and criteria for the quotation that will be provided to all framework contractors participating in the agreement, receive and evaluate submissions and prepare evaluation report and subsequently be awarded by the delegated authority and will be subject to budget availability.
- 3.2.3 Bidder will be provided **10 Callender days** to compile and submit a quotation depending on the scope and criteria provided.
- 3.2.4 The panel will be requested to provide quotations for each financial year in the format referenced below. Items to be insured may vary **and the panel will be provided with the policy schedule together with the appropriate RFQ four to six (4 – 6) weeks before the lapsing of the current insurance policy.**
- 3.2.5 That Hessequa Municipality reserves the right to negotiate the quotation as allowed by Hessequa SCM Policy and MSCM Regulation²⁴.
- 3.2.6 Quotations will be evaluated and awarded to the service provider who complies to the requested criteria and obtained the most points in terms of the conditions included in the PPPFA of 2022, Points will be awarded to tenderers who are eligible for preferences in terms of MBD 6.1: Preference Point Claim Schedule (where preferences are granted in respect of B-BBEE contribution and Locality). This is applicable during the RFQ phase.
- 3.2.7 No works can be performed without an official order. All orders will be approved in terms of Hessequa delegation authority.
- 3.2.8 Quotations must clearly state the exact premiums and/or other payments applicable to the Municipality. It may not be quoted in any other way than on the enclosed schedules. Any deviations from these schedules must be specified clearly in a separate schedule which only shows the deviations.
- 3.2.9 Any deviations, limitations or unfamiliar conditions must be clearly stipulated in respect of each policy type.
- 3.2.10 It must be highlighted that the Municipality can, after awarding the quotation to the successful bidder, amend the insured amounts with any further information obtained after the awarding of the Request for Quote (RFQ)
- 3.2.11 Detailed information in respect of **excess fees** must be submitted **per insurance section per the applicable quotation process per year.**

- 3.2.12 That the following pricing schedule will be utilised during the request for quotation process as example, the recommended pricing schedule is susceptible to change depending future needs and budget availability. It should be noted that no pricing provisions should be provided during this tender bid stage.

PRICING SCHEDULE:		01/10/2025 - 30/06/2026			
	CATEGORY	premium	broker fee	vat	total
1	COMBINED				
2	ALL RISK				
3	THEFT				
4	GLASS				
5	MONEY				
6	FIDELITY				
7	GOODS IN TRANSIT				
8	GROUP PERSONAL ACCIDENT				
9	STATED BENEFITS				
10	ELECTRONIC EQUIPMENT				
11	MOTOR FLEET				
12	MARINE-SMALL CRAFT				
13	EMPLOYERS LIABILITY				
14	AERODROME LIABILITY				
15	D&O LIABILITY				
16	PUBLIC LIABILITY				
17	SASRIA COUNCIL				
18	SASRIA GENERAL				
19	HERITAGE ASSETS				
TOTAL					

Name of Tendering Entity: _____

Signature: _____

Date: _____

DECLARATION,

Initials of Service Provider's Authority:

I, THE UNDERSIGNED [NAME] CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS CORRECT. I ACCEPT THAT THE MUNICIPALITY MAY EXECUTE DUE CONSEQUENCE MANAGEMENT ACTIONS AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

AUTHORISED SIGNATURE:

NAME:

CAPACITY: DATE:.....