

Kenya Coast National Polytechnic

Kisauni Road, PO Box 81220, Mombasa, Telephone 0712725554, 0710389727 Email: info@kenyacoastpoly.ac.ke Website: www.kenyacoastpoly.ac.ke



10th February 2025

TENDER ADDENDUM 01/2025

TENDER REF: KCNP/T/SMC/01/2024/2025
TENDER NAME: PROVISION OF GROUP MEDICAL INSURANCE
CLOSING DATE: 14TH FEBRUARY 2025

The following additions and clarifications are made to the bidding documents for provision of group medical insurance at Kenya Coast National Polytechnic:

	ITEM DESCRIPTION	CLAUSE	AMMENDMENTS	PAGE ON TENDER
1	Important additional Clauses to the	Prices quoted shall be inclusive and subject to the		DOCUMENT 60
1	schedule of prices form and the	levy order 2023. There shall be paid a levy by a		
	schedule of requirements form	supplier on all procurement contracts signed		
	•	between the supplier and procurement entity, at		
		the rate of zero point zero three per centum		
		(0.03%) of the value of the signed contract,		
		exclusive of the applicable taxes.		
2	Technical Evaluation Criteria(Item1)	A comprehensive list of countrywide (up	A comprehensive list of	38
		to county/local level) service providers	countrywide (up to	
		which should include, hospitals, Doctors/	county/local level) service	
		specialists, pharmacists etc, and must	providers which should	
		have credit facilities with all the proposed	include, hospitals,	
		services providers. All major hospitals and	Doctors/ specialists,	
		counselling centers must be included and	pharmacists etc, and must	
		a list provided. Bidders must be ready to	have credit facilities with	
		introduce additional service providers as	all the proposed services	
		may be proposed by the procuring entity	providers. All major	





		Marks will be awarded based on the spread of the service providers within the 47 counties. (Please Tabulate and specify per county for ease of evaluation) Presence in 47 – 40 counties - 20 Marks Presence in 39 – 30 counties - 10 Marks Presence in 29- 20 counties - 5 Marks Presence in 20 counties and Below - 0 Marks	hospitals and counselling centers must be included and a list provided. Bidders must be ready to introduce additional service providers as may be proposed by the procuring entity Marks will be awarded based on the spread of the service providers within the 47 counties. (Please Tabulate and specify per county for ease of evaluation) Presence in 47 – 40 counties - 20 Marks Presence in 39 – 30 counties - 15 Marks Presence in 29- 20 counties - 10 Marks Presence in 20 counties and Below - 5 Marks	
3	Technical Evaluation Criteria (item 9)	List of (5) Current / ongoing Clients, each with a minimum annual medical premium of KShs. 100 Million. Attach proof(Copy of signed contract between the client and service provider) Marks will be awarded for each client 1 marks	List of at least (2) Current / largest Clients for the year 2022,2023 & 2024 with recommendation letters (Copy of signed contract between the client and service provider)	39





			Marks will be awarded for each client 2.5 marks(total 5marks)	
4	Technical Evaluation Criteria (Item 13)	Audited and certified accounts for the last 3 years. Attach Evidence 0-2years -1points 3 years -5points	Provide Audited Annual financial statements /certified accounts for the last 3 years. 5 points	41

This addendum shall from part of the tender documents. All bidders MUST attach to their tenders this addendum.

Note; All other conditions and the evaluation criteria provided remain unchanged.

For further clarifications please write to; procurement@kenyacoastpoly.ac.ke

SENIOR PROCUREMENT OFFICER FOR CHIEF PRINCIPAL







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G. SCHEDULE OF PRICES FORM

RATES PER FAMILY INCLUSIVE OUTPATIENT, INPATIENT, AND MATERNITY (THESE ARE THE RATES TO BE USED TO LOAD ANY ADDITIONAL PREMIUM FOR ADDITIONAL MEMBERS DURING THE CONTRACT PERIOD).

Category	No. of Principal Members	No. of Dependents	Total	Premium (KES)
KCNP STAFF CATEGORY A	M	0	5	
	M+1	1	4	
	M+2	2	6	
	M+3	3	7	
	M+4	4	6	
	M+5	5	0	
KCNP STAFF	M+1	1	7	
CATEGORY B	M+2	2	19	
	M+3	3	11	
	M+4	4	4	
	M+5	5	2	
	M+1	1	1	
COUNCIL MEMBERS	M+2	2	2	
	M+3	3	2	
	M+4	4	3	
	M+5	5	0	
	GRAND TOTAL(THIS IS	THE PRICE TO BE FI OF TENDER)	LLED IN THE FORM	

Name of Tenderer	[insert complete name of
Tenderer]	
Signature of Tenderer	[signature of person signing
the Tender]	





Date	insert da	ite
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IMPORTANT NOTICE: Prices quoted shall be inclusive and subject to the levy order 2023. **There shall** be paid a levy by a supplier on all procurement contracts signed between the supplier and procurement entity, at the rate of zero point zero three per centum (0.03%) of the value of the signed contract, exclusive of the applicable taxes.



