

ANNEX 1

ONLY QUOTATIONS SUBMITTED IN THE STIPULATED FORMAT WILL BE CONSIDERED

**LOT 1: Global price for the Provision of Insurance Services to the Malta
Statistics Authority**

Insurance Policy	Rates applicable (where applicable)	Annual Premium	Total amount inclusive of all taxes and duties per annum	Global total amount (3 years)
	Amount in Euro (€)	Amount in Euro (€)	Amount in Euro (€)	Amount in Euro (€)
Buildings				
Contents				
Electronic Equipment				
Public Liability				
Employers Liability				

CONTRACTOR'S DETAILS

Company's Name:

Contact Person's Name and Surname:

Address:

Telephone Number:

Mobile Number:

E-mail Address:

VAT Number

Signature: _____

Date: _____

Name: _____

ID: _____

LOT 2: Unit price for the Provision of Health Insurance Cover to the Malta Statistics

Authority

Item	Description	Description of complement	Premium Rate per Person inclusive of all taxes and charges
			Amount in Euro (€)
Item A	Private Clinic Cover (Basic)	Employees	
		Spouse dependents	
		Child dependents	
Item B	Private Hospital Clinic (Upgrade)	Employees	
		Spouse dependents	
		Child dependents	

CONTRACTOR'S DETAILS

Company's Name:

Contact Person's Name and Surname:

Address:

Telephone Number:

Mobile Number:

E-mail Address:

VAT Number

Signature: _____

Date: _____

Name: _____

ID: _____