

**Request for Proposal (RFP)**

**for**

**Corporate Agency Arrangement for**

**Health Insurance Business**

**Date of RFP: 29th June, 2020**

**Last Date for Seeking Clarifications to RFP: 7th July, 2020**

**Last Date for Submitting Response to RFP: 20thJuly, 2020**

**Head Office Address:**

**3rd & 4th Floor, Suraj Plaza – 1, Sayajiganj, Vadodara – 390 005**

**Website: www.bggb.in**

**IMPORTANT DATES FOR BIDDERS**

|  |  |  |
| --- | --- | --- |
| **S.N** | **Descriptions**  | **Details** |
| 1 | RFP Ref. Number & date  | **HEALTH/INSU/29th June, 2020** |
| 2 | Date & Time for seeking Clarification to RFP  | **7th July, 2020** |
| 3 | Date of replies of clarifications to Bidders  | **14thJuly, 2020** |
| 4 | Last Date & Time of submission of Bid  | **16.00 hours on** **20th July, 2020** |
| 5 | Email address for raising Queries  | **planning.ho@barodagujaratrrb.co.in** |
| 6 | Date & Time of opening of Bid  | **15.00 hours on** **21st July, 2020** |
| 7 | Address for submission of Bid & queries  | The General ManagerBaroda Gujarat Gramin Bank3rd & 4th Floor, Suraj Plaza – 1, Sayajiganj, Vadodara – 390 005 (Gujarat) |
| 8 | Place of opening of Bids  | Baroda Gujarat Gramin Bank3rd & 4th Floor, Suraj Plaza – 1, Sayajiganj, Vadodara – 390 005 (Gujarat) |
| 9 | RFP download from website  | www.bggb.in |

**A. General Information**

Baroda Gujarat Gramin Bank(hereinafter called the “Bank”) is exploring the possibility of entering into a distribution partnership of Health insurance products by way of corporate agency arrangement, for which bank invites proposals from existing **HEALTH INSURANCE** companies in India (‘Bidder’).

Bidders are hereby advised to carefully review and submit all relevant information as sought in the RFP.

Details of the objectives, eligibility and qualification criteria, data & documents required to be submitted along with RFP, criteria that would be adopted for evaluation of the responses for short listing and other information is contained in the RFP document. The RFP document can be downloaded from the Bank’s website www.bggb.in

**B. About Baroda Gujarat Gramin Bank**

*Baroda Gujarat Gramin Bank* is a leading Regional Rural Bank with ***489*** Branches/Offices geographically located in Gujarat with its Head Office at ***Vadodara*** and 8 Regional Offices. It caters to the banking needs in ***22*** Districts of Gujarat.

**Highlights of the Bank’s Performance**

|  |  |
| --- | --- |
| **Performance Parameters** | **As on 31st March, 2020** |
| Total Deposits (Rs. Crores) | 9147.23 |
| Total Advances (Rs. Crores) | 4721.43 |
| Savings Deposit (Rs. Crores) | 4152.18 |
| Net Interest Income (Rs. Crores) | 282.30 |
| Operating Profit (Rs. Crores) | 17.56 |
| Net Profit After Tax (Rs. Crores) | 0.51 |
| Net Interest Margin (%) | 2.82% |
| Capital Adequacy Ratio (%)  | 9.86% |
| Net NPA (%)  | 3.46% |

* Bank has a customer base of above ***45,00,000*** customers as on 1st April, 2020.
* Bank has corporate agency arrangements for life insurance business and Non-Life Insurance Business.

For further details please visit Bank’s website **www.bggb.in**

**C. Objectives**

1.1. After amalgamation of Baroda Gujarat Gramin bank and Dena Gujarat Gramin Bank in Gujarat State w.e.f. 1st April, 2019, Bank has entered into tie-ups for Life Insurance and Non-life Insurance Business with various companies.

1.2. With a view to provide full range of Health Insurance products to its customers and to realize full value of its reach, Bank has taken a view to develop goals and objectives for new partnership to evaluate new partner and thereafter enter into Corporate Agency Arrangement for distribution of Health Insurance products in order to help them to cover their unforeseen medical / hospitalization expenses, subject to all statutory clearances and approvals from all relevant Authorities, under the extant laws and regulatory framework.

1.3. The Bank would like to enter into a Corporate Agency Arrangement with a shortlisted Health Insurance Companies.

1.4. Once the responses to the RFP are received, the Bank will start the evaluation process and finalize the most suitable Health Insurance Company.

**D. Bidder’s Eligibility Criteria (All mandatory provisions):**

It is mandatory for the potential bidders to ensure that the following minimum eligibility criteria are met in order to participate in the process:

1. Company must be in the Health Insurance Business only.

2. Should have been registered with IRDA under the Health Insurance category.

3. Should have a valid IRDA license as on date of submission of RFP response, for procuring insurance business in India.

4. Should have the minimum solvency ratio of 1.50 as on 31.3.2020.

(Certificate of CA to be attached)

5. Should have been operational for more than 5 years in India.

6. Should have minimum -30-Branches in India as on March 31, 2020. Should have -3- or more branches in area of operation of Baroda Gujarat Gramin Bank.

7. Authorized representative of Bidder should have given undertaking in Form 1.

8. The bidder should have a corporate agency arrangement with at least 1 RRB/1 PSU Bank on 31-03-2020.

**E. Clarification and Amendment of RFP Documents**

* The Bidder may request a clarification on any clause of the RFP documents up to **7th July, 2020.**
* Any request for clarification must be sent by standard electronic means to **planning.ho@barodagujaratrrb.co.in.**
* The Bank will load the responses on its website latest by **14th July, 2020.**
* At any time before the submission of Proposals, the Bank may amend the RFP by issuing an addendum / corrigendum and hosting it in the Bank’s website. The addendum / corrigendum will be binding on all the bidders. To give Bidders reasonable time in which to take an amendment into account in their Proposals the Bank may, if the amendment is substantial, extend the deadline for the submission of Proposals.

**F. Rejection of Bids**

The Bank reserves the right to reject the Bid if,

* Insurer does not meet any of the pre-bid eligibility criteria mentioned under section D.
* The Bid is incomplete as per the RFP requirements.
* Any condition stated by the Bidder is not acceptable to the Bank.
* If the RFP and any of the terms and conditions stipulated in this document are not accepted by the authorized representatives of the Bidder.
* **Required information is not submitted as per the format given.**
* Any information submitted by the Bidder is found to be untrue/fake/false.
* The Bidder does not provide, within the time specified by the Bank, the supplemental information / clarification sought by the Bank for evaluation of the Bid.

**G. No Obligation / Liability of the bank**

The Bank shall be under no obligation to accept any offer received in response to this RFP and shall be entitled to reject any or all offers without assigning any reason whatsoever. The Bank may abort the entire process at any stage without thereby incurring any liability to the affected Bidder(s) or any obligation to inform the affected Bidder(s) of the grounds for Bank's action.

It shall be sole responsibility of Health Insurance Company to comply with all statutory and regulatory provisions (Including RBI/IRDAI/any other regulatory body) while delivering the services mentioned in the RFP.

In order to promote consistency among the Proposals and to minimize potential misunderstandings regarding how Proposals will be interpreted by the Bank, the format in which Bidders will specify the fundamental aspects of their Proposals has been broadly outlined in this RFP.

The deadline for submission of the Proposals is mentioned on the cover page of this document. Proposals received after the specified time on the last date shall not be eligible for consideration and shall be summarily rejected.

In case of any change in deadline the same shall be updated on the bank’s website and shall be applicable uniformly to all bidders.

**H. Proposal Validity**

All Proposals shall be valid for a period of 90 days from the last date of submission mentioned on the cover page of this document. The Bank will make its best effort to complete the process within this period. However, should the need arise the Bank may request the Bidder to extend the validity period of their proposals. Bidders, who do not agree, have the right to refuse to extend the validity of their Proposals; under such circumstance, the Bank shall not consider such proposal for further evaluation.

**I. Short listing & Selection of Insurance Partner:**

* The RFP response may be sent or submitted at Office of Baroda Gujarat Gramin Bankat the following address, complete with all the requirements as given in the RFP document latest by **16:00 hours on 20th July, 2020** addressed to :

**The General Manager**

**Baroda Gujarat Gramin Bank**

**Head Office**

**3rd & 4th Floor,**

**Suraj Plaza – 1, Sayajiganj,**

**Vadodara – 390 005**

**(Gujarat)**

**No proposal will be accepted after this date and time.**

* Bank will not be responsible for any postal delays and submission by way of e-mail is not acceptable.
* Bidders are to submit the **RFP in hardcopy** format in **original along with one set of photocopy.**
* The Bank reserves the right to accept or reject a proposal without assigning any reason whatsoever and may at its sole discretion appoint or take the help of a professional agency to help the bank in evaluation process.
* The Bank may abort entire process at any stage without thereby incurring any liability to the affected bidder/s or any obligation to any of the affected bidders of the grounds for Bank’s action.
* Bids of only those Bidders will be evaluated, who meet the minimum eligibility criteria as specified in the RFP.
* Evaluation of all eligible bids will be done on basis of the information sought in the RFP, through an evaluation matrix by a committee of the Bank or by the Insurance Advisors. Bidders will be ranked on the basis of the total marks scored in evaluation process.
* Bank may also call for the presentation to interested parties from the shortlisted bidders. The committee will finalize the selection of Health Insurance Company on the basis of marks scored in evaluation process and the presentation made. Bank’s decision in this regard would be final.
* In case the successful Bidder is not agreeable to signing the service level agreement or impose any conditions not acceptable to the Bank or communicates any changes from their stated response in RFP or presentation made to the Bank which may not be acceptable to the Bank, the Bank may at its sole discretion decide to partner with next ranked bidder.

**J. Preparation of Proposals**

In preparing their Proposal, Bidders are expected to examine in detail the documents comprising the RFP. Material deficiencies in providing the information requested may result in rejection of a Proposal.

While preparing the Proposal, the Bidder must give particular attention to the following:

• The data should be furnished strictly in accordance with the format specified **DD/MM/YYYY**

• All monetary numbers should be in Indian Rupees. Denomination in INR Crores is preferred for large numbers.

• Annual numbers for Indian operations should be for Fiscal Year ending March 31, 2020 unless otherwise specified.

**Submission of the data in the wrong type of formats will result in the Proposal being deemed non-responsive.**

**K. Submission, Receipt, and Opening of Proposal**

* The original bid shall contain no interlineations or overwriting, except as necessary to correct errors made by the Bidders themselves. The person, who has signed the proposal, must initial such corrections.
* An authorized representative who would be signing the Submission letter shall initial all pages of the original Bid Document with company seal.
* The Bid documents along with the **data as per the formats mentioned in the Data Sheet must be submitted at the same time, duly signed by the authorised signatories on all the pages** in a single sealed envelope duly super scribed as ***“Baroda Gujarat Gramin Bank– RFP for Corporate Agency for Health Insurance”.***
* The bids would be opened on ***21st July, 2020*** at the Office of *Baroda Gujarat Gramin Bank* at Vadodara at **15.00 Hrs**. The bidders who would like to be present at the time of opening of bids may send their representatives on the given time. The date of opening of BIDs may change due to administrative reasons.

**L. Signing of Agreement:**

Upon completion of the process, the Bank shall arrange to enter into a Service Level Agreement with the selected Health Insurance Company who shall agree all terms and conditions stipulated by the Bank and will also include the following:

1. The selected Health Insurance Company should agree with the performance standards stipulated by the Bank.

2. The selected Health Insurance Company should maintain all the records related to policy documents of the policy holders and ensure safe custody of it and provide MIS reports to the Bank related to business under this contract from time to time.

3. The selected Health Insurance Company shall indemnify, protect and save the Bank against all Claims, Losses, damages, expenses, action suits and other proceedings, resulting infringements of any law pertaining to patent, trademarks, copyrights or such statutory infringements in respect of its insurance business.

4. The selected Health Insurance Company should provide indemnity to the bank against all claims, costs and any omissions by the service provider and its representatives.

5. The selected Health Insurance Company should indemnify the Bank for of confidentiality and obligations by the selected Health Insurance Company, its representatives and agents at the first demand by the Bank

6. The selected Health Insurance Company should procure necessary licenses, permissions and approvals from the competent authority and comply with all applicable laws in respect of insurance business done by them.

7. Bank shall have the right to terminate the agreement by issue of notice without assigning reason and also in the case of breach of contractual obligations by the selected Health Insurance Company. The selected Health Insurance Company shall not terminate the agreement for convenience and in any case shall give at least 60 days notice to the Bank before termination of agreement.

8. The Bank / any regulatory authority shall have the right to audit the books / records of selected Health Insurance Company.

9. The Bank shall have right to set off any amount which is due to the selected Health Insurance Company.

Place: Vadodara (Vineet K. Dudeja)

Date: June 29, 2020 Chairman

**Minimum Eligibility Criteria (to be filled by Bidder)**

|  |  |  |
| --- | --- | --- |
| **ooxWord://word/media/image91.binooxWord://word/media/image94.binSr. No.** | **Eligibility criteria** | **Bidder****(Yes/No)** |
| 1. | Company must be in the Health Insurance Business only. |  |
| 2. | Should have been registered with IRDA under the Health Insurance category.  |  |
| 3. | Should have a valid IRDA license as on date of submission of RFP response, for procuring insurance business in India.  |  |
| 4. | Should have the minimum solvency ratio of 1.50 as on 31.3.2020. (Certificate of CA to be attached) |  |
| 5. | Should have been operational for more than 5 years in India. |  |
| 6. | Should have minimum -30-Branches in India as on March 31, 2020. Should have -3- or more branches in area of operation of Baroda Gujarat Gramin Bank.  |  |
| ooxWord://word/media/image124.bin7. | Authorized representative of Bidder should have given undertaking in Form 1. |  |
| 8. | The bidder should have a corporate agency arrangement with at least 1 RRB/1 PSU Bank on 31-03-2020. |  |

**Place:**   **Signature of Applicant**

**Date:**   **Name & Designation / Seal of Organization**

**FORM 1 - Undertaking by Bidder**

 [Date/Place]

**To:**

**The General Manager**

**Baroda Gujarat Gramin Bank**

**Head Office**

**3rd & 4th Floor,**

**Suraj Plaza – 1, Sayajiganj,**

**Vadodara – 390 005**

**(Gujarat)**

Dear Sir,

**Sub: RFP for proposed Corporate Agency Arrangement for Health Insurance Business**

1. We, the undersigned are duly authorized to represent and act on behalf of ***(Bidder-Name of Company)***.

2. Having reviewed and fully understood all information provided in the Request for Proposal Document dated ***(date)***, issued by the Bank, ***(Bidder- Name of Company)*** is hereby submitting the Bid. As required we are enclosing the following:

a. Bid as per the RFP

b. Other details and supporting documents (as applicable) in response to the requirements outlined in the RFP.

3. Our Bid is unconditional, valid and open for acceptance by Bank up until 90 days from the last date of submission of the RFP.

4. We undertake that we shall make available to the Bank, any additional information / clarification it may find necessary or require to supplement or authenticate the Bid.

5. We hereby agree, undertake and declare as under:

a. We have examined the RFP document and have no reservations with respect to the same.

b. Our Bid is, in all respects, compliant with the requirements of the RFP. Without prejudice to the foregoing, notwithstanding any qualifications or conditions, whether implied or otherwise, contained in our Bid, we hereby represent and confirm that our Bid is unqualified and unconditional and is without any deviations, conditions or any assumptions in all respects.

c. Notwithstanding any qualifications or conditions, whether implied or otherwise, contained in our Bid, we hereby agree and undertake to keep this Bid valid and open for acceptance without unilaterally varying or amending its terms for the period, including any extended period, as specified in accordance with the RFP.

d. We declare that in the event that the Bank discovers anything contrary to our above declarations, it is empowered to forthwith disqualify us and our Bid.

e. We undertake that in case due to any change in facts or circumstances or applicable law during the Bidding process, we are disqualified in terms of the RFP, we shall intimate the Bank of the same immediately.

f. We further declare that we have not been declared ineligible for corrupt or fraudulent practices in any bid process and have not been blacklisted by any Nationalized Bank or regulatory authority in the past five years.

g. We confirm that the Bank and its authorized representatives are hereby authorized to conduct any inquiry or investigation to verify the veracity of the statements, documents, and information submitted in connection with this Bid and to seek clarifications from our employees and clients regarding any financial and technical aspects.

h. This letter will also serve as authorization to any individual or authorized representative of any entity referred to in the supporting information, to provide such information deemed necessary and requested by *Baroda Gujarat Gramin Bank* to verify statements and information provided in this Bid, or with regard to our resources, experience, and competence.

i. We hereby irrevocably waive any right which we may have at any stage at law or howsoever otherwise arising to challenge or question any decision taken by the Bank in connection with the selection of the Bidder, or in connection with the Bidding process itself, in respect of the above mentioned Proposed Tie-up and the terms and implementation thereof.

j. This letter also serves an authority to the Bank to furnish any information related to the Bidder in relation to the proposed Corporate Agency Arrangement to any Regulatory / Statutory authority in India to which the Bank & its proposed Corporate Agency Arrangement is subjected to.

6. We understand that:

a. All information submitted under this Bid shall remain binding upon us.

b. The Bank may in their absolute discretion reject or accept any Bid.

c. We acknowledge the Right of the Bank to reject, our Bid without assigning any reason for the Proposed Tie-up and reject all Proposals. Otherwise and hereby waive our right to challenge the same on any account whatsoever.

d. Bank is not bound to accept any Bid that it may receive pursuant to the RFP.

7. We acknowledge that the Bank will be relying on the information provided in the Bid and the documents accompanying such Bid for selection of the Bidders and we declare that all statement made by us and all the information pursuant to this letter are complete, true and accurate to the best of our knowledge and belief.

8. We hereby unconditionally undertake and commit to comply with the timelines as specified in terms of the RFP or as extended by the Bank from time to time at its sole discretion.

9. This Bid shall be governed by and construed in all respects according to the laws of India. Courts in ***Vadodara***, India, shall have exclusive jurisdiction in relation to any dispute arising from the RFP, this Bid and the Bid process.

10. All the terms used herein but not defined, shall have the meaning as ascribed thereto under the RFP.

11. Data reported / submitted in the format are tallied with the data submitted to IRDAI.

We confirm that we are complying with the IRDA guidelines.

***(Bidder – Name of the Company)***

**Seal &Signature of the Authorized Person:**

**Form 2 – Organization Snapshot**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | **Company Profile** | **Name of the Applicant Firm** |  |
| Complete address – H.O |  |
| Board No. – Head Office |  |
| Website |  |
| Type of Company, i.e., Private Limited or Public Limited or Joint Venture Partners & % of stake held by each as on 31.03.2020 |  |
| Year of Establishment |  |
| Month & Year of Commencement of Business |  |
| IRDAI License Number & Date |  |
| PAN & GSTN |  |
| No. of Employees (permanent/ regular) 31-03-20 |  |
| Number of Branches as on 31.03.20- In India - In Bank’s service area |  |
| 2 | **Financial Strength & Performance** | Market Share 31-03-2020 |  |
| **Financial Information** | **2017-2018** | **2018-2019** | **2019-2020** |
| a. Invested Capital (INR Cr) |  |  |  |
| b. Profit /(Loss) after Tax (INR Cr) |  |  |  |
| c. Accumulated Profit / loss (INR Cr) |  |  |  |
| d. Net Worth (INR Cr) |  |  |  |
| e. Solvency Ratio |  |  |  |
| **Business Information** | **2017-2018** | **2018-2019** | **2019-2020** |
| a. Number of Policies |  |  |  |
| b. Gross Written Premium (INR Cr) |  |  |  |
| c. Average Claim Settlement time (TAT)*TAT mentioned is (payment date) – (last document received date) from CMS* |  |  |  |
| d. Claims Paid (INR Cr) |  |  |  |
| e. Grievance Redressal Ratio |  |  |  |
| **f. Claim settlement ratio** | **2017-2018** | **2018-2019** | **2019-2020** |
| Claim settlement ratio (Group) |  |  |  |
| Claim settlement ratio (Retail) |  |  |  |
| Claim settlement ratio (Other) |  |  |  |

**Form-3: Organization Details**

A. Please provide the list of All Board of Directors as on date with a brief background of each.

B. Please provide the organization chart as on date showing the structure of various departments that exist and reporting structure of respective functional heads.

C. Please provide the structure & hierarchy of Bancassurance Department as on date.

D. Please provide the list of Top Management Executives as on date with their Names, Designation & E Mail Id’s in the format as given below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name of Executive** | **Designation** | **Location** | **E-Mail ID** | **Contact No.** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

E. Please provide the number of branches as on (date) across various districts of Gujarat.

**Form 4: Products & Commission**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.N** | **Product** | **Product category** | **Maximum Commission approved by IRDAI** | **Maximum Commission offered to bank\*** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **8.** |  |  |  |  |
| **9.** |  |  |  |  |

*\*Within the permissible IRDA regulations and guidelines.*

**Form 5: Channel wise break up of business**

|  |  |
| --- | --- |
| **PARTICULARS** | **Gross Premium (INR Cr.)** |
|  | **2017-18** | **2018-19** | **2019-20** |
| Tied Agency |  |  |  |
| Corporate Agents-Banks |  |  |  |
| Corporate Agents-Others |  |  |  |
| Brokers |  |  |  |
| Web Sales |  |  |  |
| Direct Sales Team |  |  |  |
| Others |  |  |  |
| **TOTAL** |  |  |  |

**Form 6 – Product wise business**

(Figures in INR Cr.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Products** |  |  |  |  |  |  |
| **2017-18** |  |  |  |  |  |  |
| **2018-19** |  |  |  |  |  |  |
| **2019-20** |  |  |  |  |  |  |

**Form 7: Claims settlement**

**INDIVIDUAL CLAIMS (NUMBER OF POLICIES)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **2017-18** | **2018-19** | **2019-20** |
| Claims pending at start of year (A) |  |  |  |
|  |
| Claims intimated / booked during the year(B) |  |  |  |
|  |
| Total Claims (C=A+B) |  |  |  |
|  |
| Claims paid (D) |  |  |  |
|  |
| Claims repudiated (E) |  |  |  |
|  |
| Claims Closed during the period (F) |  |  |  |
|  |
| Claims pending at end of year (G=C-D-E-F) |  |  |  |
|  |

**INDIVIDUAL CLAIMS (INR Cr.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **2017-18** | **2018-19** | **2019-20** |
| Claims pending at start of year (A) |  |  |  |
|  |
| Claims intimated / booked during the year(B) |  |  |  |
|  |
| Total Claims (C=A+B) |  |  |  |
|  |
| Claims paid (D) |  |  |  |
|  |
| Claims repudiated (E) |  |  |  |
|  |
| Claims Closed during the period (F) |  |  |  |
|  |
| Claims pending at end of year (G=C-D-E-F) |  |  |  |
|  |

**GROUP CLAIMS (NUMBER OF POLICIES)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **2017-18** | **2018-19** | **2019-20** |
| Claims pending at start of year (A) |  |  |  |
| Claims intimated / booked during the year(B) |  |  |  |
| Total Claims (C=A+B) |  |  |  |
| Claims paid (D) |  |  |  |
| Claims repudiated (E) |  |  |  |
| Claims Closed during the period (F) |  |  |  |
| Claims pending at end of year (G=C-D-E-F) |  |  |  |

**GROUP CLAIMS (INR Cr)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **2017-18** | **2018-19** | **2019-20** |
| Claims pending at start of year (A) |  |  |  |
| Claims intimated / booked during the year(B) |  |  |  |
| Total Claims (C=A+B) |  |  |  |
| Claims paid (D) |  |  |  |
| Claims repudiated (E) |  |  |  |
| Claims Closed during the period (F) |  |  |  |
| Claims pending at end of year (G=C-D-E-F) |  |  |  |

**Form 8 – Grievance Redressal**

**Please provide data pertaining to grievance redressal in the format given below for last 3 FY’s:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FY** | **Opening Balance of Grievances c/f** | **Grievances reported during the Year** | **No. of Grievances resolved during the Year** | **No. of grievances pending at the end of the year** |
| 2017 – 18 |  |  |  |  |
| 2018 – 19 |  |  |  |  |
| 2019-20 |  |  |  |  |

**Form 9 – Bancassurance Experience**

**1. Does the bidder have a dedicated vertical and team for RRBs/PSU Banks?**

**2. List of banks/NBFCs acting as Corporate Agents for the organization as on March 31, 2020.**

**Form 10 – Business & Revenue Estimate**

A. Please provide the estimated potential for next 3 Years that *Baroda Gujarat Gramin Bank* holds to do Health Insurance Business and earn revenue from the same.

B. Please provide the projected product mix & commission payable to the bank in the format given below. The same may be given for 1st year only.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the product** | **Product category** | **Projected premium, INR Lacs.** | **Commission, in INR Lacs.** |
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**Form 11: Support**

|  |  |  |
| --- | --- | --- |
| **S.N.** | **Support** | **Remarks** |
| 1 | Manpower |  |
| 2 | Training |  |
| 3 | Marketing |  |
| 4 | Operations & MIS |  |
| 5 | Claims |  |
| 6 | Technology |  |
| 7 | Any other support |  |

**Form 12: Compliance – Penalty & Warnings by IRDAI**

**Please provide the details of Penalty & warnings by IRDAI during last -3- years, if any**

**(Monetary Penalty imposed may be shown separately)**

**Form 13: Product customization**

1. Has the bidder customized products for any of its channel partners till date?

2. Is the bidder willing to customize products for Baroda Gujarat Gramin Bank?

3. Please provide one examples of product customization for any existing channel partner.

**Other information:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Parameter** | **Details required** |
| **1.** | Bank Promoted or Bank as Group Company OR |  |
|  | Any Bank with Shareholding > 4.99% OR |  |
|  | Non-Bank Promoted |  |
| **2.** | No. of Years of Operation in India |  |
| **3.** | No. of Branches in Gujarat |  |
|  | Branch in Vadodara |  |
| **4.** | Gross Written Premium during Last Year (Rs. in Crore) |  |
| **5.** | Business Growth in last year (%) |  |
| **6.** | Dedicated Bancassurance Vertical (Yes / No) |  |
| **7.** | Solvency Ratio (Last 3 Financial Years) |  |
| **8.** | Profit after Tax (For Last 3 Years) |  |
| **9.** | Compliance - Penalty by IRDA (In Last 3 Years) No. of Occasions |  |
|  | Any Serious Violation penalty 25 Lacs or above |  |
| **10.** | Claim Settlement - Claim Repudiation Ratio (% No. of Claims Rep) |  |
| **11.** | Grievance Redressal (Avg of 3 years grievances pending) |  |
| **12.** | Business Proposition - Projected Revenue to the Bank in 3 Years |  |
| **13.** | Manpower Support - Number of Dedicated Sales Staff Committed & Well Defined Role of Manpower Committed |  |
| **14.** | Training Support - Well Defined Training Strategy & Training Support for Developing SPs |  |
| **15.** | Marketing Support - Elaborate Mktg Activities - Joint and Electronic- Cross Selling/Up Selling Support by Insurer |  |
| **16.** | Operations , Service & Claims Support- Dedicated Support Structure for Bank- Defined TATs on Service and Claims |  |
| **17.** | Technology , Digitization & MIS Support- Core System - Interface/Integration- Mobile Application for Bank Customers- Partner Portal- Real Time MIS- TAB Based Sales Enablement |  |

**Declaration**

* All the information furnished by us here in above is correct to the best of our knowledge and belief.
* We have no objection if enquiries are made about the work listed by us in the accompanying sheets / annexure.
* We agree that the decision of *Baroda Gujarat Gramin Bank* in selection process will be final and binding on us.
* We confirm that we have not been barred / blacklisted / disqualified by any Regulators /Statutory Body in India and we understand that if any false information is detected at a later date, the assignment shall be cancelled at the discretion of the Bank.

**Place: Signature of Applicant:**

**Date: Name & Designation / Seal of Organization**