

REQUEST FOR PROPOSAL - TECHNICAL BID FOR

LIFE INSURANCE COUNCIL

(On the letterhead of the Firm duly stamped and signed)

Ref No : _____

Date: _____

To,
Secretary General
Life Insurance Council

Application Form

1. Name of the Research Firm:
2. Address of the Research Firm:
(Corporate Office / Head Office)
3. Address in Mumbai:
4. Contact Details :
 - Name of the Contact Person :
 - Numbers (Landline/Mobile) :
 - E-Mail :
5. Firm Registration No. & Date :
6. Year of Establishment : _____
7. Successfully completed at least two assignments/ projects of similar nature in the last 3 years as on 31 March 2021 – Campaign Media Spends of above Rs. 10cr
 - Number of Assignments -
8. Number of years of experience working with Life Insurance companies with the most recent project completed (or on-going) within 1 year: _____
 - Name and Description of the project
9. Team profile:

- Resumes of team members with details of Education Qualification, implementation of similar assignments, relevant services carried out in the last 3 years as on 31 March 2021.
 - i. Team Lead:
 - ii. Project Associate:
 - iii. Any other:

10. Details of Brands and Campaigns

Brand Name	Campaign Name	Period	Media Marketing Expense

11. Life Insurance Client Experience

Life Insurer Name	Campaign Name	Period	Media Marketing Expense

16. Kindly submit Earnest Money Deposit (EMD) of Rs 50,000/- only in the form of a Bank Draft / Bankers Cheque drawn in favor of Life Insurance Council. EMD will be refunded to Bidder after the selected bidder has been contracted. The EMD of those bidders who withdraw during the selection process will be forfeited.

Documents to be submitted

- a) Signed Self-Declaration by authorized representative of Brand and Campaigns the Research firm has worked upon.
- b) Signed Self-Declaration by authorized representative of the Life Insurance Company Projects delivered by the research firm.
- c) Summary of Team’s Profile
- d) Restrictions imposed on the firm in the past are indicated. If the answer is negative, please mention the same.

Special Note: If any documents are not attached or are not applicable then submit proper reason for the same in an attached statement.

Declaration

I / We, the undersigned, partners of M/s _____ do hereby declare that the particulars as given above are as on _____ and are correct in all respects to the best of my / our knowledge and belief .

I / we hereby declare that no separate application for any of our branches or for associate concern having common partner / proprietor or in individual name has been made.

I / we hereby declare that research / other assignment allotted on the basis of information furnished in the application form will not be accepted and carried out if the firm in whose name of application is made is not in existence at the time of research.

Name of the Research Firm	Designation	Signature*
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Place : _____

Date : _____

Seal of the Firm: _____

* The declaration should be signed by the partner of the Firm.

Enclosures: -

1. EMD of Rs 50,000/- , Bank Name _____ Bank Draft / Bankers Cheque Number _____ & Date _____

- 2.
- 3.
- 4.
- 5.