Ambasciata d'Italia
Washington

NOTICE

CALL FOR PROPOSALS BY INSURANCE BROKERS FOR THE ADJUDICATION OF INSURANCE COVERAGE FOR THIS EMBASSY OF ITALY

The Embassy of Italy in Washington, D.C. issued a call for proposals by insurance broking companies to provide insurance coverage for both locations of this Embassy (Embassy and Residence).
The contract will start January 1, 2021 and end December 31, 2021

Recipients
This call for proposals is aimed to insurance broking companies that meet the requirements described above, and that have the expertise, and the technical and management resources to enter such agreement.

Purpose
This call for proposals is aimed to start a constructive dialogue with all interested insurance broking companies. At this stage, statements of interest submitted with the requested data will not be considered as binding for the Embassy Administration. Insurance broking companies that submit statements of interests will not gain preferred placement position in the decision making process of the Embassy Administration.

Requirements
As a guarantee of sound business practices in the field of insurance, in the statement of interest companies must include the following documentation:
- Membership in professional organizations based on the company's expertise and qualifications, and authorization issued by the competent U.S. local authorities to operate;
- professional capabilities and sound business practice in the insurance field in the United States;
- Financial statements and business plan.

Additional statements required

-Statement that the insurance broking company has not been declared insolvent by a court ruling and that it does not have pending legal proceedings;

-Statement of no convictions against the company for professional conduct and for financial crimes;

-Declaration that the company has fulfilled its duties with regards to payment of taxes, dues, and/or any other mandatory payments, in accordance with current legislation in the country of residence.

How to Submit a Statement of Interest

The statement of interest with the attached form, together with the required statements and declarations outlined above, must be received in a sealed envelope, by courier or other means, no later than 2pm Thursday October 29, 2020 at the following address: Embassy of Italy, 3000 Whitehaven St. NW, Care of: Administration, Washington, D.C. 20008. On the envelope, please print: CALL FOR PROPOSALS FOR INSURANCE COVERAGE.

Washington, October 15, 2020

Annex 1

ID card to be attached

Name (First and Last)

born in

resident in *City*

in the role of

the business located in

telephone *Fax*

e-mail *web*

Declares under his/her responsibility:

a. That they are not in a status of bankruptcy, liquidation, closure of activities, or composition with creditors or in any other analogous condition and that no proceedings leading to same are currently under way;

b. That they have not been declared insolvent by a Court in a determination other than a decision of bankruptcy that entails, in compliance with U.S. legislation, the partial or total incapacitation to manage or dispose of assets;

c. That there are no pending proceedings to verify a state of insolvency that may lead, in compliance with federal, state or local legislation, to a declaration of bankruptcy or to any other condition entailing the partial or total incapacitation to manage or dispose of assets;

d. That they have not been convicted by a court of any crimes against professional conduct or of financial crimes; this affidavit must be provided also for all company management and experts and for all employees that will be used;

e. That they have not been in the past and are not presently in default with social security contributions and other benefits due employees under U.S. law;

f. That they have not been in the past and are not presently in default with tax and fee obligations of any nature;

g. That they have not been convicted of financial crimes or professional misconduct;

h. That they do not use child labor and/or other forms of trafficking in human beings.

Date, _____

Signature of
Holder or Legal Representative
(and sealed by a Notary Public)

_____