



Price Proposal – Annex II

MINISTRY OF DEFENSE
AERONAUTICAL COMMAND
BRAZILIAN AERONAUTICAL COMMISSION IN WASHINGTON D.C.

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Part 1 Representative Identification

Representative Name

Last Name

Given Name

Middle Name

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Identification Number

E-mail Address

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Phone Number

Fax Number

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Company's Name

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The above identified company through its accredited representative makes a proposal of **GLOBAL PRICE** for the contracting of LIFE INSURANCE POLICY, DISMEMBERMENT INSURANCE, SHORT TERM DISABILITY INSURANCE, LONG TERM DISABILITY INSURANCE, providing benefits for the 50 (fifty) BACW's contracted employees in a basis of at least 40 hours per week, according to terms, quantities, price limit and other applicable requirements established in the **BASIC PROJECT 15/ADM/2020**, Annex I of Invitation for Bid **201845/CABW/2020**.

Part 2 Statements

Initial of the
representative

- | | | |
|----|--|-----------------|
| 1- | We declare that our prices include all costs arising from the performance of the service, whether direct or indirect, not being limited to what it is described below: all inputs such as fees and/or taxes, social contributions, expenses, insurance, worker's compensation, liability insurance, labor, social security, fiscal, administration fees, equipment, materials, and all other fees necessary for full compliance with the object of the Invitation for BID. | (place initial) |
| 2- | We hereby acknowledge the content of INVITATION FOR BID and its Annexes, fully and irrevocably accepting its terms and requirements, as well as all relevant legislation.
VALIDITY: This price proposal shall be valid for 90 (Ninety) days starting on the date on which proposals are opened, after which time it shall be subject to confirmation by our Company. | (place initial) |
| 3- | SERVICE GUARANTEE: As legal representative of this Company, I hereby declare and guarantee the supply of the (above) services/material for 90 (ninety) days, starting on the date of the final receipt of the material by the Contracting Party, as per this Bidding Announcement. | (place initial) |

Part 3 Bank Information

Bank Name:

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Branch:

Checking Account:

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Other:

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Part 4

ITEM	Unit Price	GLOBAL PRICE*
Life Insurance	US\$	US\$
Dismemberment Insurance	US\$	
Short Term Disability Insurance	US\$	
Long Term Disability Insurance	US\$	
* The GLOBAL PRICE must be obtained by the sum of the Unit Price for each item.		

Part 5 Authentication

Representative printed name

Representative signature

Date of signing

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