

To the Italian Trade Agency (ITA)
New York Office
33 East 67th Street
New York, NY 10065
Email: newyork@ice.it

Application form for expression of interest/selection of economic operators to be invited to tender (IFB) for amounts below the European community threshold, to be carried out pursuant to:

- **articles 7, paragraph 2, letter a) and art. 10 of Ministerial Decree no. 192 of 21 November 2017;**

for the following:

- **A two-year Health insurance policy covering medical, dental and vision expenses, for employees working at the US offices of the Italian Trade Commission;**
- **A yearly Commercial Property and Umbrella policies for the office of the Italian Trade Commission in New York City” for the year 2025 and 2026);**
- **A yearly Commercial Crime Insurance Policy for the year 2025 and 2026;**
- **A yearly Short-Term Disability for the Italian Trade Commission Local Employees for the year 2025 and 2026;**
- **A yearly Worker’s Compensation insurance policy for the Italian Trade Commission Local Employees for the years 2025 and 2026**

The undersigned _____,
(title) _____ and legal representative of
(company) _____ with registered office
in (full address) _____,
Federal tax ID no. _____, as the person proposing this expression of
interest, aware of the criminal liability that may be faced in the event of false statements,
and

HAVING NOTED

all the conditions and terms of participation established in the Market Survey Notice published on the website of the Italian Trade Agency office in New York on March 19th 2024,

I EXPRESS

the interest in participating in the tender indicated above and

I DECLARE

- that the above-mentioned applicant meets the requirements for participation in the above tender;
- to accept that any communication relating to the procedure in question is sent to the following company e-mail address: _____;
- to be informed, pursuant to and for the purposes under the Article 13 of the EU Regulation 679/2016, that the data collected in this form and in the attached documentation will be processed, including electronically, exclusively in the context of the procedure for which this statement is made.

Signature of declarant _____

Place and Date: _____