All: B

 To: Italian Trade Agency

 Amman Office

 Mail: amman@ice.it

Financial Quotation

All prices/rates quoted must be exclusive i**n JOD**

SIGNATURE AND CONFIRMATION OF THE RFQ

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION**PERSONAL  | **Total Sum Insured** | **General Conditions** | **Annual Amount** |
| Reimbursement of Medical Expenses for Accident |  |  |  |
| **Case of death** |  |  |  |
| **Permanent Total Disability** **Permanent Partial Disability****Temporary Total Disability** |  |  |  |
| **Ambulance charges for transportation of Insured person to Hospital following Accident** |  |  |  |
| Medical Expenses Extension: |  |  |  |
| Hospital Confinement Allowance |  |  |  |
| Reimbursement of medical expenses from injury at first absolute risk |  |  |  |
| Dental expenses (up to 3 years from the accident) |  |  |  |
| Ophthalmology expenses including lenses and frames (purchase e repair) |  |  |  |
| Wheelchair rental / purchaseHospitalization per day (for 365 days)Day-hospital per diem (for 365 days) |  |  |  |
| Aesthetic damage, disfigurement or scarring of the face |  |  |  |
| Daily plaster / immobilization even without fracture or radiological report |  |  |  |

This quotation submission form MUST be duly completed and returned with the QUOTATION and technical specification of Insurance Policy.

The quotation “MUST” be signed and stamp from supplier. Failure to do so may result in disqualification of your QUOTATION.

Exact name and address of company

COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZED SIGNATURE

DATE: NAME: (TYPE OR PRINT) FUNCTIONAL TITLE OF

 AUTHORIZED SIGNATORY: