**(Only on Bidder’s Letterhead)**

**Annexure I:**

**Tender No. CSCL/L&I/PA/5-2025**

|  |  |  |  |
| --- | --- | --- | --- |
| **Scope of Cover** | **Sum Insured****(per person)** | **Agreed or Not Agreed** | **Remarks** |
| Accidental Death | Option 1-6 |  |  |
| Accidental permanent total disability | 100% |  |  |
| Accidental permanent partial disability | 50% |  |  |
| Hospitalization day cover  | Rs.2,500.00 (per day)(unlimited days) |  |  |
| Natural Death (non-accidental)Funeral expenses for member (non-accidental)Life Insurance Cover (non-accidental) | Option 1-6 |  |  |
| **Additional benefits** |  |  |
| Motorcycling cover (driver &/or pillion rider) |  |  |
| 24 hrs cover & worldwide cover |  |  |
| Calculation of inclusion & deletion premium policy |  |  |
| Epidemic & pandemic cover |  |  |
| **Annual premium** |
| **(Net Premium for 106 employees)** |  |
| **(Total Premium with taxes for 106 employees)** |  |