

TO
PROF. THEOPHILUS M. MUTUI, PHD
MANAGING DIRECTOR,
KENYA PLANT HEALTH INSPECTORATE SERVICE

INSURED
KENYA PLANT HEALTH INSPECTORATE SERVICE
P.O.BOX 49592
NAIROBI, KENYA

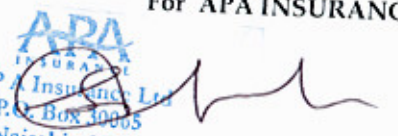
Invoice

Number
INVOICE- KEPHIS _2024_2025
Date
29/05/2024

POLICY PERIOD: 30/05/2024- 29/05/2025

DESCRIPTION	Total (KSHS)
MEDICAL INSURANCE - POLICY NO: COR1102778	
Inpatient Limit Per Family	24,352,667
Outpatient Limit Per Family	30,308,430
Dental Limit Per Family	8,764,174
Optical Limit Per Family	8,170,254
Last Expense Per Person	16,482
TOTAL PREMIUM	71,612,008
LEVIES 0.45%	322,254
PAYABLE PREMIUMS	71,934,262
	Total

Premium payable to:
Account Name: A P A Insurance Limited
Bank & Branch NCBA, Westlands
Account No: 6447560039

For APA INSURANCE

Sheila N. Gichuhi | Authorised Signatory

**CONTRACT FOR THE PROVISION
OF MEDICAL COVER FOR BOARD
MEMBERS AND STAFF**

BETWEEN

**KENYA PLANT HEALTH
INSPECTORATE SERVICE**

AND

APA INSURANCE LIMITED

CONTRACT

This **CONTRACT** is made on the _____ day of _____ in the year 2024.

BETWEEN

KENYA PLANT HEALTH INSPECTORATE SERVICE (KEPHIS), a State Corporation in the Republic of Kenya duly incorporated under the Kenya Plant Health Inspectorate Service Act No. 54 of 2012 Laws of Kenya and whose registered office is situated at Oloolua Ridge, off Ngong Road, Karen, and of P.O. Box 49592 - 00100 Nairobi (hereinafter referred to as "**Procuring Entity**") which expression shall where the context so admits include its successors and assigns of the one part,

AND

APA INSURANCE LIMITED, a limited liability company duly incorporated under the Companies Act, Laws of Kenya having its principal place of business located at Apollo Centre, 07 Ring Road Parklands, Westlands and of P. O. Box 30065 - 00100 Nairobi (hereinafter referred to as "**the Insurance Provider**") which expression shall where the context so admits include its successors and permitted assigns) of the other part.

WHEREAS

the Procuring Entity has requested the Insurance Provider to provide certain Services as defined in the General Conditions of Contract attached to this Contract (herein after called the "**Services**"); the Insurance Provider, having represented to the Procuring Entity that they have the required professional skills, and personnel and technical resources, have agreed to provide the Services on the terms and conditions set forth in this Contract at a '**Contract Price**' of Kshs. 71,934,262.00 (Kenya Shillings Seventy-One Million, Nine Hundred Thirty-Four Thousand, Two Hundred and Sixty-Two)

NOW THEREFORE the parties hereto hereby agree as follows:

1. The following documents shall be deemed to form and be read and construed as part of this Agreement, and the priority of the documents shall be as follows:
 - a) The General Conditions of Contract (Attached hereto and marked as '1');
 - b) The Special Conditions of Contract (Attached hereto and marked as '2');
 - c) The Price Schedule (Attached hereto and marked as '3');
 - d) The following Appendices;
 - Appendix A: Scope of the Services
 - Appendix C: Staff Membership Structure and List of Board Members
 - Appendix E: Comprehensive & Current Schedule of Preferred Hospitals, General and Specialist doctors
 - Appendix F: Insurance Policy
2. The mutual rights and obligations of the Procuring Entity and the Insurance Provider shall be as set forth in the Contract, in particular:
 - a) The Insurance Provider shall carry out the Services in accordance with the provisions of the Contract; and
 - b) The Procuring Entity shall make payments to the Insurance Provider in accordance with the provisions of the Contract.

IN WITNESS whereof the parties hereto have caused this Contract to be executed in accordance with the Laws of Kenya on the day and year first above written.

SIGNED for and on behalf of

**KENYA PLANT HEALTH
INSPECTORATE SERVICE**

By:

Managing Director

Witness

SIGNED for and on behalf of
APA INSURANCE LIMITED

By:

Managing Director

Company Secretary

The Price Schedule (Marked as '3')

THE PRICE SCHEDULE

Category	Inpatient	Outpatient	Dental (A,B,C,D)	Dental (A,B,C,D)	L/Expense	TOTALS
Board Members	279,905	282,156	108,986	105,765	16,482	793,294
Category A	12,049,566	15,357,726	8,061,268	8,658,409		44,126,970
Category B	11,828,764	14,442,073				26,270,837
Category C	83,195	102,231				185,425
Category D	111,237	124,244				
TOTAL	24,352,667	30,308,430	8,170,254	8,764,174	16,482	71,612,008
LEVIES @0.45%						322,254
GRAND TOTAL						71,934,262