APPENDIX 1

Offer form

................................................... ………………………………

*place and date*

Contractor's name and address

# *Medical University of Bialystok*

ul. Jana Kilińskiego 1

15-089 Bialystok

Responding to the Request for proposal No. ABTT.0600.1.2019 to select the Provider for the contract of a value not exceeding the PLN equivalent of 30, 000 Euros, to to select a Contractor for the service consisting in providing third party liability insurance for a sponsor and investigator of a non-commercial clinical trial "LEIA-HF: Levosimendan In Ambulatory Heart Failure Patients" (2019/ABM/01/00017),

**we offer to implement the subject of the contract for the price of (currency: EUR):** .........................................................................................................

…………………………………………………………………….……………………………..

1. We declare that the offer concerns an insurance policy of the nature of compulsory third party liability insurance of the researcher and sponsor in accordance with the requirements of the Regulation of the Minister of Finance of April 30, 2004 on compulsory third party liability insurance of the researcher and sponsor (Journal of Laws No. 101, item 1034) and the Regulation of the Minister of Finance of May 18, 2005 amending the regulation on compulsory third party liability insurance of the researcher and sponsor (Journal of Laws No. 101, item 845).
2. We declare that the insurance policy covers the period from 15/12/2020 to 31/12/2024.
3. We declare that we have verified the correctness and completeness of the bid proposal we have submitted and we do not make any comments as to the correctness and completeness of the description of the subject of the contract.
4. In the case of awarding us the contract, we undertake to conclude the agreement at the place and time indicated by the Ordering Party.
5. In the case of the contract being awarded to us, we undertake to implement it within the offer price.
6. We accept that payment for the implementation of the subject of the agreement shall take place on the basis of an invoice within 30 days from the date of works receipt, confirmed by acceptance protocol.
7. We declare that we meet the conditions of the insurance and reinsurance activity rules specified in the Insurance and Reinsurance Activity Act (Journal of Laws 2020.895 of 2020.05.20).

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## Signature and stamp of the Provider