**ITB Reference No.:** ITB/2025-064  
**Subject:** Framework Agreement for Monthly-Based Rental of Minibuses Vehicle (Without Driver)

|  |  |  |
| --- | --- | --- |
| 1. **General Compliance** | | |
| **Requirement** | **Supplier Response** | **Comments (if any)** |
| Do you agree to all the terms and conditions stated in the TOR? | Yes No |  |
| Do you agree to sign a Framework Agreement valid for 2 years (with possible 1-year extension)? | Yes No |  |
| Do you agree to LRC payment Term | Yes No |  |
| 1. **Reliability and Service Availability** | | |
| **Requirement** | **Supplier Response** | **Comments (if any)** |
| Backup vehicles available in case of breakdown | Yes No | Number of backup vehicles: \_\_\_\_\_\_ |
| 24/7 roadside assistance available throughout Lebanon | Yes No |  |
| Response time to rental requests (in hours) |  |  |
| Service availability: Mon–Sat, 7:00 AM–6:00 PM  And in Sunday if needed | Yes No |  |
| 1. **Vehicle Specification/General for all the proposed vehicle:** | | |
| **Minimum Requirement** | **Meet the requirement YES/NO** | **Comments** |
| Passenger capacity: 11 (including driver) | Yes No |  |
| Minimum year 2022 or newer | Yes No |  |
| Functional A/C and heating | Yes No |  |
| Registration documents: Valid and updated green plate | Yes No |  |
| Insurance Coverage: All Risk | Yes No |  |
| Fire Extinguisher 1 per vehicle | Yes No |  |
| Emergency Triangle: 1 per vehicle | Yes No |  |
| Spare Tire & Tools (jack, spanner, etc.): 1 set per vehicle | Yes No |  |
| 1. **Maintenance and support:** | | |
| **Requirement** | **Supplier Response** | **Comments/Details** |
| Responsible for full routine and emergency maintenance | Yes No |  |
| Maintenance follows manufacturer’s schedule | Yes No |  |
| Maintenance records available on request | Yes No |  |
| Cost of maintenance, repairs, and emergency support borne by supplier | Yes No |  |
| Replacement vehicle provided in case of accident/breakdown | Yes No | Within how many hours? \_\_\_\_\_\_\_\_\_\_ |

Please indicate the number of vehicles available that meet the above specifications: \_\_\_\_\_\_\_\_\_\_\_

**Please fill the table with the List of vehicles with make, model, year, plate number that will be provided during the FWA:**

| **Vehicle Description:** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **#** | **Brand** | **model** | **model year** | **colour** | **Plate number (green plate)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
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| **40** |  |  |  |  |  |

**Documents to Attach with Technical Offer:**

1. Copy of insurance coverage

***We hereby certify that the information provided above is true and accurate, and we agree to provide the required services in full compliance with LRC’s Terms of Reference.***

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Authorized Representative (Name & Title):** |  |
| **Signature & Stamp:** |  |
| **Date:** |  |