

Republic of the Philippines SOUTHERN LUZON STATE UNIVERSITY Lucban, Quezon

REQUEST FOR QUOTATION

INSURANCE TO ALL SLSU STUDENTS (UHS)

Purchase Request No. <u>2024-02-0521</u>
Approved Budget for the Contract: 2 €520,075.08

The Southern Luzon State University through the Bids and Awards Committee invites interested firms/supplier to submit quotation for the procurement of <u>Insurance to All SLSU Students (UHS)</u> to apply the sum of <u>Five Hundred Twenty Thousand Seventy Five Pesos and Eight Centavos Only £ 520,075.08</u> inclusive of VAT, being the <u>Approved Budget for the Contract (ABC)</u>, details as follows:

Qty.	Unit pax	ITEM/S DESCRIPTION STUDENT INSURANCE/ ANNUAL PREMIUM PER STUDENT	
17946			

The quotation must be submitted (can also be send thru email at the contact details listed below)
or to the Office of the Procurement Office/Bids and Awards Committee, Southern Luzon State University, 2nd
Flr. Hermano Puli Building, and shall be received by the Committee.

E-mail: slsuprocurement2021@gmail.com

2. The SLSU reserves the right to reject any or all quotations and/or proposals and waive any formalities/ informalities therein and to accept such bids it may consider as most advantageous to the agency and to the government. Southern Luzon State University SLSU neither assumes any obligation for whatsoever losses that may be incurred in the preparation of bids, nor does it guarantee that an award will be made.

MARIDEL d. ZABELLA Head, Procurement Office Southern Luzon State University Lucban, Quezon

Tel. No.: (042)540-6519



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Office/E			Date:		
	MAN YNA	E:			
ADDRI	The state of the s	_	PR No.: 2024-02-	-0521	
TEL. N	O./FAX N	0.:		TIN No.:	
	************		owest price on the item(s) listed below, subject to the Terms & Conditions stated be of in the return envelope attached herewith to the Proc		entative not
1. All er 2. Deliv Adminis delivery 3. Warr (1) one y 4. Price 5. Supp Certifica Procure 6. Bidde 7. Pleas	and CONDITI paries must be ery period w without vali anty shall be vear for Equi validity shal diers required the of Tax, M ment Office u ers shall sub the indicate the	e typewrit ithin alties to So d reason. e for a min ipment froi ll be for a p d to submit ayor'sPerr upon subm mit comple ne brand fo	MARIDEL C. ZABELLA Head, Procurement Office		
Item#	Qty.	Unit	ITEM/S DESCRIPTION	Unit Price Tota	l Cost
	17946	pax	STUDENT INSURANCE/ ANNUAL PREMIUM PER STUDENT		
	74	<i>y</i>	Scope of Coverage:		
23			1. Accident Death/ Dismemberment/ Disablement (AD&D)		
			2. Permanent Total Disability (PTD) - due to accident		
			3. Unprovoked Murder & Assault (UM&A)		
			4. Accident Medical Reimbursement (AMR) including moto	rcycle	
-	-		Risk/ UM&A		-
	-		5. Accident Burial Benefit (ABB) - including motorcycle risk	/ UM&A	
			6. Daily Hospital (DHI), up to 30 days - due to Accident		
			N		
-	-		Note:		
	-		-standard policy provisions/exclusive will apply -24 hour 365 days a year worldwide cover		
	-		-Extended coverage acts of nature, animal and insect bite:		
_			accident food poisoning, drowning, commercial flying as a		
			paying passenger, exposure and disappearance, riots and	THE STATE OF THE S	
			civil commotion not as participant, suffocation by smoke,		
			fumes or gas, injuries incurred at school.	Josephous	
			-Inclusion of motocycling cover op to 25% of benefit.		
			-Age 4 to 65 years old.		
			-Compulsary enrollment of school's total student populati	on.	
			-Same cover for the full time faculty member and regular		
			free of charge if premium for the students exceed to PHP 1		
	1		and number of staff should not exceed 10% of the student		
			population		
			-COVID-19 coverage.		
			-FREE insurance for SLSU personnel.		
	-	7			
Course	of Eurodi		1	Morrato	
Delivery	of Fund: Period:	ed & accept	ed your Genoral Conditions, We quote you on the item(s) at prices note above. If the space	Warranty: Price Validity: of provider on the Delivery Period, Warranty & Price Validity or	e left blank it
			onditions specified by SLSU Procurement Office.	, coo, colony a rine voluny or	- reje biblik, il
			-	Drintod Nama (C)	
				Printed Name/Signature/Date	

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