

Republic of the Philippines SOUTHERN LUZON STATE UNIVERSITY Lucban, Quezon

REQUEST FOR QUOTATION

INSURANCE FOR INCOMING FIRST YEAR STUDENTS (UHS)

Purchase Request No. <u>2024-07-1564</u>
Approved Budget for the Contract: <u>₽232,974.00</u>

The Southern Luzon State University through the Bids and Awards Committee invites interested firms/supplier to submit quotation for the procurement of <u>Insurance for Incoming First Year Students (UHS)</u> to apply the sum of <u>Two Hundred Thirty Two Thousand and Nine Hundred Seventy Four Pesos Only #232,974.00) inclusive of VAT, being the Approved Budget for the Contract (ABC), details as follows:</u>

Qty.	Unit	it ITEM/S DESCRIPTION	
4,950	рах	STUDENT INSURANCE/ ANNUAL PREMIUM PER STUDENT (Min. of PHP40.00/person)	
		*see attached document for specifications and coverage	

1. 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: slsuprocurement@slsu.edu.ph

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 C. ZABELLA
Head, Procurement Office
Southern Luzon State University
Lucban, Quezon
Tel. No.: (042)540-6519



Republic of the Philippines SOUTHERN LUZON STATE UNIVERSITY Lucban, Quezon

REQUEST FOR QUOTATION

Office/E	nd-User:		University Health Services	Date:	
	ANY NAM	E:		PR No.:	2024-06-1564
ADDR					
IEL. N	O./FAX N	0. :		TIN No.:	
ter than _	Please qu		west price on the item(s) listed below, subject to the Terms & Conditions stated on the item(s) listed below, subject to the Terms & Conditions stated on the item(s) listed below, subject to the Terms & Conditions stated on the item(s) listed below, subject to the Terms & Conditions stated on the item(s) listed below, subject to the Terms & Conditions stated on the item(s) listed below, subject to the Terms & Conditions stated on the item(s) listed below, subject to the Terms & Conditions stated on the item(s) listed below, subject to the Terms & Conditions stated on the item(s) listed below, subject to the Terms & Conditions stated on the item(s) listed below, subject to the Terms & Conditions stated on the item (s) listed below, subject to the item (s) listed below (s) listed belo	ated below and submit your quotation duly si Procurement office.	gned by your representative not
2. Deli Admini deliver 3. Wai (1) one 4. Prico 5. Supi Certific Procure 6. Bida 7. Plea	very period v stratitive per v without vai ranty shall b year for Eque evalidity sha liers require ate of Tax, N ement Office lers shall sub se indicate to	within	tten or legibility written. upon conforme of the approved Purchase Order (P.O). ec. 69 of the Revised IRR-RA 1984 shall be imposed for non- imum of three (3) months for Supplies & Materials; m date of acceptance by the end-user. period of sixty (60) calendar days. t updated documents yearly such as G-EPS Resgistration, mit, DTI, Bank Name/Account and Branch for evaluation of the nission of the quotation. ete specifications showing products certification, if applicable. for each items being offered. g for this procurement isPHP 232,974.00	MARIDEL C. ZAE Head, Procuremer	
Item #	Qty.	Unit	ITEM/S DESCRIPTION	Unit P	rice Total Cost
	4,950	pax	STUDENT INSURANCE/ ANNUAL PREMIUM PER STUD PHP40.00/person)	ENT (Min. of	
			*see attached document for specifications and cover	age	
-					
	of Fund: / Period:		PRE STF	Warranty: Price Valid	itv:
After havii	ng carefully ne	ed & accept the Terms &	ed your Genaral Conditions, We quote you on the item(s) at prices note above. If Conditions specified by SLSU Procurement Office.		
				Printed Name/Signature/I	Date
FA-PRC	-1.02 F2, F	EV. 4		r miteu Mame/Signature/t	Juce

The Benefits are:

A. Accidental Death and Disablement

If as a result of accident, the Company shall pay the Principal Amount to the beneficiary/ies of the individual for death or percentage of the Principal Sum to the insured for disablement.

Schedule of Disablement Benefits

Loss of Life	The Principal Sum
Loss of Two Hands	The Principal Sum
Loss of Two Feet	The Principal Sum
Loss of Sight of Two Eyes	The Principal Sum
Loss of One Hand and One Foot	The Principal Sum
Loss of One Hand and Sight of One Eye	The Principal Sum
Loss of All Fingers and Both Thumbs	The Principal Sum
Loss of One Hand or One Foot	One-Half the Principal Sum
Loss of Sight of One Eye	One-Half the Principal Sum

B. Total Permanent Disability

In the event that during the Period of Insurance the Insured sustains accidental bodily injury and such injury shall within 365 days from the date of accident solely and independently of any other causes result in the Insured's death or disablement, the Company will pay compensation in accordance with the table of benefits indicated in the policy.

C. Unprovoked Murder and Assault Benefit

Pays for the Principal Sum for death due to Unprovoked Murder and Assault.

D. Accident Medical Reimbursement

Reimburses the medical expenses incurred due to accidental bodily injury, but not to exceed the limits of the chosen plan.

E. Motorcycle Passenger Cover

Covers the Insured in case of bodily injury or death as a result of an accident while driving or riding as pillion rider on a motorcycle.

F. Burial Benefit Assistance due to Accident

The Company will pay the cost of Burial Expense incurred due to accident up to the limit of the chosen plan.

G. Daily Hospital Allowance

Pays the insured an allowance per day of Hospital confinement as a result of accidental or illness up to maximum of 30 days a year.

PREMIUM SCHEDULE (per student)

BENEFIT	AMOUNT OF COVER
Accidental Death and Disablement	100,000.00
Other Benefit	
Total Permanent Disablement	100,000.00
Unprovoked Murder and Assault	100,000.00
Accident Medical Reimbursement	10,000.00
Burial Benefit Assistance due to Accident	10,000.00
Daily Hospital Income due to Accident/illness/COVID-19 cases	1 / 1
(maximum of 30 days in a policy year)	200,00/day
ANNUAL PREMIUM PER PERSON INCLUSIVE OF TAXES	
Minimum number of enrollee	