



Republic of the Philippines  
**SOUTHERN LUZON STATE UNIVERSITY**  
Lucban, Quezon

**REQUEST FOR QUOTATION**

**INSURANCE FOR INCOMING FIRST YEAR STUDENTS (UHS)**

**Purchase Request No. 2024-07-1564**

**Approved Budget for the Contract: ₱232,974.00**


The Southern Luzon State University through the Bids and Awards Committee invites interested firms/supplier to submit quotation for the procurement of **Insurance for Incoming First Year Students (UHS)** to apply the sum of **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:

Qty.	Unit	ITEM/S DESCRIPTION
4,950	pax	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, 2<sup>nd</sup> Flr. Hermano Puli Building, and shall be received by the Committee.

E-mail : [slsuprocurement@slsu.edu.ph](mailto: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





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
<b>Other Benefit</b>	
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 (maximum of 30 days in a policy year)	200.00/day
<b>ANNUAL PREMIUM PER PERSON INCLUSIVE OF TAXES</b>	
Minimum number of enrollee	