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

# REQUEST FOR QUOTATION

**STUDENT INSURANCE FOR 2025 (LABORATORY SCHOOL)**

**Purchase Request No. 2024-09-1921**
**Approved Budget for the Contract: ₱ 64,900.00**

The Southern Luzon State University through the Bids and Awards Committee invites interested firms/supplier to submit quotation for the procurement of **Student Insurance for 2025 (Laboratory School)** to apply the sum of **Sixty Four Thousand and Nine Hundred Pesos Only (₱ 64,900.00) inclusive of VAT,** being the **Approved Budget for the Contract (ABC),** details as follows:

| Qty. | Unit | ITEM/S DESCRIPTION |
|---|---|---|
| 649 | pax | Insurance |
| | | |
| | | *see attached document for the 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/End-User:** | **Laboratory School** | **Date:** | |
| **COMPANY NAME:** | | **PR No.:** | **2024-09-1921** |
| **ADDRESS :** | | | |
| **TEL. NO./FAX NO. :** | | **TIN No.:** | |

Please quote your lowest price on the item(s) listed below, subject to the Terms & Conditions stated below and submit your quotation duly signed by your representative not later than _____ of _____ in the return envelope attached herewith to the Procurement office.

*TERMS and CONDITIONS*

1. *All entries must be typewritten or legibility written.*
2. *Delivery period within _____ upon conforme of the approved Purchase Order (P.O). Administratitive penalties to Sec. 69 of the Revised IRR-RA 1984 shall be imposed for non-delivery without valid reason.*
3. *Warranty shall be for a minimum of three (3) months for Supplies & Materials; (1) one year for Equipment from date of acceptance by the end-user.*
4. *Price validity shall be for a period of sixty (60) calendar days.*
5. *Suppliers required to submit updated documents yearly such as G-EPS Resgistration, Certificate of Tax, Mayor'sPermit, DTI, Bank Name/Account and Branch for evaluation of the Procurement Office upon submission of the quotation.*
6. *Bidders shall submit complete specifications showing products certification, if applicable.*
7. *Please indicate the brand for each items being offered.*
8. *The Approved budget ceiling for this procurement is PHP 64,900.00 .*

**MARIDEL C. ZABELLA**
**Head, Procurement Office**

| Item # | Qty. | Unit | ITEM/S DESCRIPTION | Unit Price | Total Cost |
|---|---|---|---|---|---|
| | 649 | pax | Insurance | | |
| | | | | | |
| | | | *see attached document for the coverage | | |
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Source of Fund: **FIDUCIARY FUND LAB SCHOOL** Warranty:
Delivery Period: Price Validity:

*After having carefully need & accepted your Genaral Conditions, We quote you on the item(s) at prices note above. If the space of providec on the Delivery Period, Warranty & Price Validity are left blank, it means that I concur w/ the Terms & Conditions specified by SLSU Procurement Office.*

_____
Printed Name/Signature/Date

## SCHEDULE OF BENEFITS & PREMIUM

| Benefit | | Amount |
|---|---|---|
| **Basic :** | | |
| Accidental Death | - | P 126,000.00 |
| Accidental Dismemberment | - | up to 126,000.00 (See schedule of losses) |
| **Supplemental Riders :** | | |
| Accidental Medical Reimbursement | - | P 18,000.00 |
| Burial Assistance Benefit | - | P 2,400.00 |
| **Annual Premium/Insured** | - | **P 100.00** |
| Minimum Participation Requirement | - | 25 |

## II. ACCIDENTAL DISMEMBERMENT

Upon receipt by the Company of due proof that the Insured has sustained accidental bodily injuries hundred eighty (180) days from date of accident causing such injuries, any of the losses enumer Schedule of Losses the Company will, subject to the limitations and provisions of this Policy, pay to the living, otherwise to the Beneficiary, the amount specified for such loss as stated in the Schedule of Losse

| SCHEDULE OF LOSSES | Amount of Benefit |
|---|---|
| Loss of Both Hands | P 126,000.00 |
| Loss of Both Feet | P 126,000.00 |
| Loss of Entire Sight of Both Eyes | P 126,000.00 |
| Loss of One Hand and One Foot | P 126,000.00 |
| Loss of One Hand and the Entire Sight of One Eye | P 126,000.00 |
| Loss of One Foot and the Entire Sight of One Eye | P 126,000.00 |
| Loss of One Foot | P 63,000.00 |
| Loss of One Hand | P 63,000.00 |
| Loss of Entire Sight of One Eye | P 63,000.00 |
| Loss of Both Thumb and Index Finger | P 31,500.00 |