

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



### REQUEST FOR QUOTATION

### STUDENT INSURANCE (UHS)

# Purchase Request No. 2025-02-0400 Approved Budget for the Contract: 2 797,500.00

The Southern Luzon State University through the Bids and Awards Committee invites interested firms/supplier to submit quotation for the procurement of <u>Student Insurance (UHS)</u> to apply the sum of <u>Seven Hundred Ninety-Seven Thousand and Five Hundred Pesos Only (#2 797,500.00)</u> inclusive of VAT, being the <u>Approved Budget for the Contract (ABC)</u>, details as follows:

Qty.	Unit	ITEM/S DESCRIPTION		
15,950	рах	STUDENT INSURANCE/ ANNUAL PREMIUM PER STUDENT		
		Scope of Coverage:		
		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 motorcycle		
		Risk/ UM&A		
		5. Accident Burial Benefit (ABB) - including motorcycle risk/ UM&A		
		6. Daily Hospital (DHI), up to 30 days - due to Accident		
		Note:		
		-standard policy provisions/ exclusion will apply		
		-24 hour 365 days a year worldwide cover		
		-Extended coverage acts of nature, animal and insect bites,		
		accident food poisoning, drowning, commercial flying as a fare-		
		paying passenger, exposure and disappearance, riots and strikes,		
		civil commotion not as participant, suffocation by smoke, poisonous		
		fumes or gas, injuries incurred at school.		
		-Inclusion of motocycling cover op to 25% of benefit.		
		-Age 4 to 65 years old.		
		-Compulsary enrollment of school's total student population.		
		-Same cover for the full time faculty member and regular staff,		
		free of charge if premium for the students exceed to PHP 10,000		
		and number of staff should not exceed 10% of the student		

	population
	-COVID-19 coverage.
	-FREE insurance for SLSU personnel.
_	*see attached document for reference

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

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



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### REQUEST FOR QUOTATION

Office/En			University Health Services	Date:			
The state of the s	MAN YNA	E:		PR No.	: 202	5-02-0400	
ADDRE	D./FAX NO	0 .		TIMAL			
I lister No.	JAPAN IN	0		TIN No.	<u>.i</u>	-	
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.					your quotation duly signed by your representative not  ARIDEL C. ZABELLA  ctor, Procurement Office		
			lete specifications showing products certification, if applicable. for each items being offered.				
			ng for this procurement is <u>PHP 797,500.00</u> .				
Item #	054	Heit	I ITEMA DECORIDATION				
_	Qty. 15,950	Unit	ITEM/S DESCRIPTION STUDENT INSURANCE/ ANNUAL PREMIUM PER STU		it Price	Total Cost	
	15,550	pax	STUDENT INSURANCE/ ANNUAL PREIVITURI PER STU	JDENT			
			Scope of Coverage:				
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			2. Permanent Total Disability (PTD) - due to acciden	nt			
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			Risk/ UM&A				
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-			paying passenger, exposure and disappearance, rior civil commotion not as participant, suffocation by si			-	
			fumes or gas, injuries incurred at school.	moke, poisonous			
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			-Age 4 to 65 years old.	TG.			
			-Compulsary enrollment of school's total student p	opulation.			
			-Same cover for the full time faculty member and re				
			free of charge if premium for the students exceed to				
	11		and number of staff should not exceed 10% of the s				
			population				
			-COVID-19 coverage.				
			-FREE insurance for SLSU personnel.				
			*see attached document for reference				
Source of Delivery F After having t means that I	Period: carefully nee	ed & accepte he Terms &	PRE STF  ed your Genaral Conditions, We quote you on the item(s) at prices note above. It Conditions specified by SLSU Procurement Office.	Warrant Price Va If the space of providec on the Delivery Period,	alidity:	ce Validity are left blank,	
						-,   -	
	02 E2 DI	F) / A		Printed Name/Signature	e/Date		

- white riding as a passenger of any type of public conveyance licensed to carry passenger be at it sea, land or air
- Same cover for the full time faculty members and regular staff (18-65 years old) free of charge if premium for the students exceed P10,000.00 and number of staff should not exceed 10% of the students. Provided that 100% of the students will be insured:

Free Insurance Coverage for SLSU personnel (18-55 years old) names including date of birth & beneficiaries to be declared in the Policy. Provided that 100% of the students will be insured—

### 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
Loss of Two Feet
Loss of Sight of Two Eyes
Loss of One Hand and One Foot
Loss of One Hand and Sight of One Eye
Loss of All Fingers and Both Thumbs
Loss of One Hand or One Foot
Loss of Sight of One Eye

The Principal Sum
One-Half the Principal Sum
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	10,900,00
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
ANNUAL PREMIUM PER PERSON INCLUSIVE OF TAXES	Php18.66
Minimum number of enrollees: 17,946	

#### Other Conditions

- Eligibility: Registered Students of SOUTHERN LUZON STATE UNIVERSITY not more than 65 years old.
- Subject to standard policy terms and conditions, warranties and clauses
  and evolutions
- 3. No refund of taxes in case of cancellation or reduction of cover
- 4. Subject to declaration of names, birthdate, and beneficiary upon issuance of the