



Name of Procuring Entity : **DSSC** Purchase Request No. : **2021-02-0048**
 Revised On : _____ Date : **MAR 01 2021**
 Standard Form Title : **REQUEST FOR QUOTATION** Office/End User : _____

Company Name : _____
 Address : _____
 Tel. No. / Fax No. : _____ TIN : _____

TERMS AND CONDITIONS:

1. All Entries must be type written of legibly written.
2. Place of Delivery : _____ Delivery Period : _____
 Date of Delivery : _____ Payment Term : _____
 Please be informed that upon receipt of the approved funded Purchase Order (PO).
 Administrative Penalties pursuant to Sec. 69 of the revised IRR-RA 9184 shall
 be imposed for non-delivery without valid reason.
3. Warranty shall be a t of _____ Months for supplies and materials,
 _____ for Equipment from date of acceptance by end user.
4. Price Validity shall be for a period of _____ Calendar days.
5. Updated and certified PhilGEP's Registration Certificate, Mayors permit, and
 SEC/DTI shall be enclosed in the submission of quotation in a sealed envelope.
6. Bidders must properly fill-up and quote on all items specified.
7. Please indicate the Brand and/or Model for each items being offered and/or submit
 original brochures showing certification of the product (if applicable).
8. A bid document fee of (Php _____) will be collected and included in the submission
 of quotation as provided in section 17.4 of IRR of RA-9184.
9. That the DSSC Bids and Award Committee reserved the right to accept or
 reject any or all bid, and annul the bidding process any time before contract award
 without incurring any liability to the affected bidders.
10. The approved budget ceiling for this procurement is, **Php 839,200.00**

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stipulated and submit your quotation duly signed by your representative not later than 05:00 pm of _____ in the return envelope attached herewith to the BAC Secretariat, DSSC, Davao del Sur or send through email to dssc.psu@gmail.com

EDUARDO F. AQUINO, MS
 BAC Chairman

ITEM NO.	ITEMS AND DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1	Student Annual Insurance	4196	head		
	Possible Benefits/Inclusions:				
	Accident Death & Disablement				
	Accidental Medical Reimbursement				
	Unprovoked Murder & Assault Daily				
	Hospitalization due to Accident				
	Daily Hospitalization due to Natural Cause				
	Burial Benefit due to Accident				
	Burial Benefit due to Natural Death				
Purpose: DSSC Student Insurance			Grand Total:		

Brand and Model : _____ Warranty : _____
 Delivery Period : _____ Price Validity : _____

After having carefully read and accepted your General Condition, I / We quote you on the item(s) as prices noted above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I / We concur with the Terms and Conditions specified by the DSSC

Canvasser

Printed Name / Signature / Date



TERMS OF REFERENCE

1. This agreement shall be effective for a period of one (1) year, and is renewable upon the mutual agreement of the Parties.
2. The SCHOOL may pre-terminate this Agreement subject to a thirty (30) day advance written notice to the INSURANCE COMPANY.
3. The INSURANCE COMPANY shall provide the best terms of insurance coverage for the students of the SCHOOL as well as to the benefits stipulated in its proposal and some inclusions in favor of the SCHOOL.
4. The INSURANCE COMPANY guarantees to provide the Group Personal Accident Insurance to the Students of the SCHOOL, the Schedule of Benefits are as follows:

GROUP STUDENT PERSONAL ACCIDENT SCHEDULE OF BENEFITS

- Accidental Death & Disablement - amount
- Permanent & Total Disability - amount
- Unprovoked Murder & Assault - amount
- Accidental Medical Reimbursement - amount
- Daily Hospitalization for 30 days due to Accident - amount /day
- Daily Hospitalization for 15 days due to Natural Causes - amount /day
- Burial Benefit due to Accident - amount
- Burial Benefit due to Natural Causes - amount
- Ambulance Assistance - amount
- Comprehensive General Liability - amount
(premises and operations only)
Combined single limit

EXTENSION OF COVER

- Drowning
- Animal Bites (dog & snake bites)

- Injuries from School`s athletic meet & /or sports festival



- Accidents from Field trips, workshops, activities and seminars
 - Food Poisoning
 - Accident arising from the use of vehicles
5. The plan insures against the bodily injury caused by an accident 24 hours a day, anywhere in the world, including while traveling by land or sea or while riding as passenger on commercial flights or accident arising from the use of motorcycle, dog bites, snake bites, drowning, dengue, injuries from School's athletic meet and or sports festival.
6. VENUE OF AN ACTION- Any claim or legal actions arising from any violation of the terms and conditions of this agreement shall be settled through amicable settlement prior to any court litigation. In case of litigation, the parties agree that the venue shall in the proper court of Davao del Sur to the exclusion of all other courts.

Prepared by:


PROF. HAROLD E. FUENTES

SSG Adviser

Noted by:


DR. ZANDRO P. IBAÑEZ

Director for Student Affairs and Services