Republic of the Philippines
CENTRAL MINDANAO UNIVERSITY
Musuan, Maramag, Bukidnon

OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Procuring Entry:	CENTRAL MINDANAO UNIVERSITY	Request for Quotation (P. R. No.):	STF (SVP)- 1158
Revised on:			
Standard Form / Title:	REQUEST FOR QUOTATION	Office/End-User:	J. JUMALON
COMPANY NAME:			
ADDRESS:			
TEL. NO./FAX NO.:		TIN:	

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than 02:00 p.m. of _______________ in the return envelope attached, to the BAC Secretariat, CENTRAL MINDANAO UNIVERSITY, University Town, Musuan, Bukidnon.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written.
2. Delivery period within **30 days** upon receipt of the approved funded Purchase Order (P.O.) Administrative penalties pursuant to Sec. 97 of the IRR-RA 12009 shall be imposed for non-delivery without valid reason.
3. Warranty shall be for a minimum of three (3) months for supplies and materials; one year for Equipment; 3 years IT Equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days.
5. **Small Value Procurement (above 50,000.00)**
   1. **Mayor's/ Business Permit**
   2. **Philgeps Registration**
   3. **Omnibus Sworn Statement**
6. Bidders shall submit original brochures of the product.
7. Please indicate the brand for each items being offered.
8. The approved budget ceiling for this procurement is **₱ 416,400.00**

HERMIE P. PAVA
BAC Chairperson for
Goods and Services

ITEM NO.	ITEMS & DESCRIPTION	QUANTITY	UNIT	UNIT COST (ABC)	UNIT PRICE	TOTAL PRICE
1	**Insurance for Students**	**16,656**	**head**	25.00		
	Coverage:					
	1. Accidental Death and Disablement -Covers On-and Off-Campus Activities and Burial Assistance					
	2. General Sickness Medical Reimbursement					
	3. Accidental Medical Reimbursement-Covers animal bites					
	4. Daily Hospitalization Allowance for Accidental/Natural Cause for 15 days					
	5. Ambulance Assistance					
	6. Animal Bites					
	7. Minor Surgery					
	Note:					
	With Attached Terms and Conditions up to VIII items to be included in the specifications					
	effectivity date on the first day of classes for the first semester AY 2026-2027					

	TERMS AND CONDITIONS (FOR THE WINNING BIDDER OF THE HEALTH AND INSURANCE)					
I.	The Insurance company shall accept claims only through endorsement via email by the Office of Student Affairs:					
II.	If the Policyholder (winning bidder) fails to provide the requested financial assistance within seven (7) working days upon OSAS's endorsement, an additional 10% of the total amount shall be added weekly to the principal sum;					
III.	Once Awarded or the Purchased Order is served and verified the insurance policy shall take effect immediately and is irrevocable, regardless of whether payment has been made by CMU.					
IV.	Insurance coverage is valid in any health service facility, registered hospitals, and, in certain cases, funeral homes;					
V.	The Policyholder has the right to designate the beneficiary entitled to compensation under personal insurance. The Policyholder may change or cancel the beneficiary clause if the insured event has not yet occurred. The insurance company must be notified in writing of the beneficiary clause and any changes or cancellation thereof;					
VI.	The Insurance company is released from liability if the insured student deliberately caused the insured event. The Insurance Company's liability may be reduced to an extent reasonable, under circumstances.					
VII	If the student fraudulently provides defective information to the Insurance Company and Policyholder after an insured event, and such information is relevant to the assessing the Insurance Company's liability, compensation may be reduced or denied to an extent reasonable under the circumstances;					
VIII	If the insured student's claim is denied upon the Insurance Company's assessment, OSAS					

	may request reconsideration on a case-to-case basis.					

***Note**: The awarding for this RFO will be on Per-lot basis. Prospective Suppliers must quote for all of the items. Otherwise they will be subjected for disqualification*

Purpose: Student Insurance for SY 2026-2027

Brand and Model : ______________________ Warranty : ______________________

Delivery Period/Term : ______________________ Price Validity : ______________________

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

____
Printed Name/ Signature/Date

NICOLE ANGELO P. RICABLANCA
Canvasser

____
Tel. No./ Mobile No./ E-mail Address

TERMS AND CONDITIONS
(For the Winning Bidder of the Health and Insurance Policy)

I. The insurance company shall accept claims only through endorsement via email by the Office of Student Affairs and Services (OSAS).

II. If the Policyholder (winning bidder) fails to provide the requested financial assistance within seven (7) working days upon OSAS's endorsement, an additional 10% of the total amount shall be added weekly to the principal sum.

III. Once awarded or the Purchase Order is served and verified, the insurance policy shall take effect immediately and is irrevocable, regardless of whether payment has been made by CMU.

IV. Insurance coverage is valid in any health service facility, registered hospital, and, in certain cases, funeral homes.

V. The Policyholder has the right to designate the beneficiary entitled to compensation under personal insurance. The Policyholder may change or cancel the beneficiary clause if the insured event has not yet occurred. The insurance company must be notified in writing of the beneficiary clause and any changes or cancellation thereof.

VI. The Insurance Company is released from liability if the insured student deliberately caused the insured event. The Insurance Company's liability may be reduced to an extent reasonable under the circumstances.

VII. If the student fraudulently provides defective information to the Insurance Company and Policyholder after an insured event, and such information is relevant to assessing the Insurance Company's liability, compensation may be reduced or denied to an extent reasonable under the circumstances.

VIII. If the insured student's claim is denied upon the Insurance Company's assessment, OSAS may request reconsideration on a case-to-case basis.

INSURANCE COVERAGE

Coverage	Amount
1. Accidental Death and Disablement - *covers On - and Off - campus activities and burial assistance*	
2. General Sickness Medical Reimbursement	
3. Accidental Medical Reimbursement – *covers animal bites*	
4. Daily Hospitalization Allowance for Accidental/Natural Causes (up to 15 days)	
5. Animal bites	
6. Ambulance assistance	
7. Minor Surgery	
TOTAL PER HEAD	**Php 25.00**

- *Comprehensive General Liability – Students rarely cause 3rd-party property damage requiring insurance*

Nothing follows