DELIVERY DUE DATE: 10/31/2020

UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR Procurement Unit

Telefax No.: 045-982-4630 Supplier:

Room 308, Timstate Building, 5438 South Super Highway, Bangkal, EDUCATION (UPRAISE) AGENCY INC.

Address: Makati City

004-654-004 VAT Reg.

0916-214-8333/(02) 8893-8382 TIN: Tel. No.:

Work Order No 2020-055

22/09/2020 Date:

2020-073 10 No.: 26/08/2020

Mode of Procurement: Small Value Date:

Mode of Payment:

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within 30 calendar days

upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency

n receipt of the	hereby advised to accomplish design of the Agency DESCRIPTION	UNIT COST TOTAL CO 335,664.00 335,664.00 334, 386.
the President of UNIT	ACCIDENTAL GROUP INSURANCE FOR STUDENTS S. IN NUMBER OF STUDENTS AND	-2021 - ps 70,000 - 70,000 - 70,000 - 20,000 - 20,000 (per type of accident) - 15,000
	Separate cash assistance for Natural Death Daily Cash Allowance (60 days maxaccident confinement) Daily Cash Allowance (60 days maxsickness confinement)	- 400day -400/day (not congenital)
	Daily Hospital Income Benefit for the first 10 days of ICU conf (dut to accident in addition to regular daily cash allowance of 400/day) Ambulance Service Assistance with receipt (due to accident)	- 1,500 (one time only)
	Emergency Cash Assistance Benefit (due to fire and earthqua	only)
	CGL (Comprehensive General Liability-Combined single limit (property damage & Bodily Injury- within the school premise operations)	250,000 (aggregate limit)
	Common Carrier (double indemnity) Parent/Guardian Extended Coverage - Parent of the Insured or Whoever is the surviving designated guardian, below 60 y free from any congenital and serious physical impairement, i covered in case of accidental death & disablement.	covered Student (Ps 25,000) rears old,
	Dengue Cash Assistance Subject to actual medical expenses (addition to daily cash allowance benefit due to sickness - one only) Tuition Fee/Miscellaneous Fees Refund - Accidental Death C	e time student

06441-2850-00-1240 ROA No. :

CONFORME & RECEIVE COPY:

UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC.

Firm/Dealer/Supplier/Contractor

Bank Account Name: Bank Account Number:

Bank Name: Bank Address:

Form No.: TSU-PRO-SF Revision No.: 01

FUNDS AVAILABLE:

ELENA MAY TEOFILO Head, Budget Office

APPROVED:

DR. GIENARD T. MADRIAGA

VP, Admin. & Finance

Authorized Official R

Effectivity Date: March 01, 2017

Page 1 of 4



DELIVERY DUE DATE: 10/21/2020

Procurement Unit

Telefax No.: 045-982-4630

UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC. Work Order No.: 2020-055 Room 308, Timstate Building, 5438 South Super Highway, Bangkal, Address:

Makati City

004-654-004 VAT Reg. Tel. No.: 0916-214-8333/ (02) 8893-8382

Date: 22/09/2020

JO No.: 2020-073

N/30

Date: 26/08/2020 Mode of Procurement: Small Value

Mode of Payment:

SIR/MADAM:

TIN:

You are hereby advised to accomplish/deliver the following job/work within $\underline{30}$ calendar days upon receipt of the Work Order as per quotation

	DESCRIPTION	UNIT COST	TOTAL COST
	Annual Premium Per Student - Ps 18.00 • 24 hours a day anywhere in the world at home or in the school for one whole year. It also includes/covers drowning, dog and snake bites and all forms of animal bites, lightning, earthquake, tidal waves, volcanic eruptions, typhoon, tornadoes, and landslides and other accidents caused by natural calamities/acts of nature.		TOTAL COST
	In and out of school attending regular classes or participating in other school activities While attending classes during the hours and on days when school is in session including lunch and recess periods		
	While traveling to from a school sponsored and supervised social and non-social extracurricular activity after school hours or on days when school is not in session.		
	While participation in a school sponsored and supervise athletics during or after regular school hours on or off school premises. While traveling in public or private conveyance used for land and sea travel;		79
	While traveling as a fare-paying passenger on any commercial scheduled, non-scheduled special or chartered flights.	COMMISSION ON	AUDIT TSUI
	While attending OJT in any part of the world. With Motorcycle Coverage- whether a passengers/operator/pillion of any 2,3 or 4 wheeled motorized vehicles.	By Aut. CEI	V.E.D.
	 Free coverage for permanent and full time faculty and non-teaching staff (excluding hired Security Guard from an agency) same as the student's plan/benefits, provided 100% of the enrolled students will be insured. Members of the Board of Trustees (up to 70 years old will also be covered for 50% of the students' benefits. 	0 2	OCT 2020
	Coverage Extensions: Accidents caused by acts of nature, accidental food poisoning, accidental drowning and all forms of animal bites		
	Period of Coverage - One Year (from the date of notice to proceed the issuance of the Policy)		
	19 10 -49 - 1240 (Please read carefully at the back hereof)		
e to: 12-206411 -			

UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC. Firm/Dealer/Supplier/Contractor Head, Budget Office Date APPROVED: Bank Account Name: _ Bank Account Number: _ DR. CLENARD T. MADRIAGA Bank Name: VP, Admin. & Finance Bank Address: Authorized Official Form No.: TSU-PRO-SF 1 Revision No.: 01 Effectivity Date: March 01, 2017 Page 2 of 4



DELIVERY DUE DATE: 10/81/2020

Procurement Unit

Telefax No.: 045-982-4630

Supplier :	UNIFIED PROPERTY	AND	ACCIDENT	INSURANCE SYSTEM	

FOR EDUCATION (UPRAISE) AGENCY INC.

Address:

Room 308, Timstate Building, 5438 South Super Highway,

Bangkal, Makati City

TIN:

004-654-004 VAT Reg.

Tel. No.:

0916-214-8333/ (02) 8893-8382

Work Order No.: 2020-055

Date:

22/09/2020

10 No.:

2020-073

Date:

Mode of Procurement: Small Value

26/08/2020

Mode of Payment:

N/30

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within 30 calendar days upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards

QTY. UNIT	DESCRIPTION		UNIT COST	TOTAL COST
	Accidental Death or Permanent Disablement - pays when injurit following losses within 180 days from the date of accident: Loss of Life Loss of two limbs Loss of both hands, or all fingers Loss of both feet Total loss of sight of both eyes Injuries resulting in being permanently bedriden Any other injury causing permanent total disablement Loss of arm at above elbow Loss of arm between elbow and wrist Loss of hand Loss of four fingers and thumb of one hand Loss four finger Loss four finger Loss of Index finger Loss of Middle finger Loss of interprise first or second (additional) Loss of leg at above knee Loss of leg below knee	y results in any of the % of Principal Sum 100% 100% 100% 100% 100% 100% 50% 50% 42.50% 35% 15% 10% 6% 5% 5% 3% 60% 40%	RECE By Pun (VED.

(Please read carefully at the back hereof)

Charge to: 02- 20 (44)- 2020 -1240

EDUCATION (UPRAISE) AGENCY INC.

ROA No.:

CONFORME & RECEIVE COPY:

Firm/Dealer/Supplier/Contractor

FUNDS AVAILABLE:

Head, Budget Office

APPROVED:

Bank Account Name: _

UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR

Bank Account Number: __ Bank Name:

Bank Address: Form No.: TSU-PRO-SF 1 Revision No.: 01 DR. GLENARD T. MADRIAGA

VP, Admin. & Finance

Authorized Official

Effectivity Date: March 01, 2017

Page 3 of 4



DELIVERY DUE DATE: 10/31/2020

Procurement Unit

Telefax No.: 045-982-4630

Address: Room 308. Timstate Building. 5438 South Super Highway. Bangkal. Makatr City Bode-654-004 VAY Reg. Tel. No.: 0916-214-8333/(02) 8893-8382 SIR/MADAM: SIR/MADAM: SIR/MADAM: You are hereby advised to accomplish/deliver the following Job/work within 30 calendar days upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency QTY. UNIT DESCRIPTION DESCRIPTION UNIT COST TOTAL CO 22. Loss of hig toe 23. Loss of hig toe 23. Loss of hig toe 24. Loss of hig toe 25. Loss of hig toe president of the Agency Alto see of sight of one sight of one foot 26. Loss of high toe plant in the following by UPRAISE, inc. has no accredited hospitals in Tariac City, Reviews, since the is a veinburswent type of Insurance Plant/Program, all the enrolleving, since the is a veinburswent type of Insurance Plant/Program, all the enrolleving and single the Brown of the State Plant Program, all the enrolleving and single the provision of Tariac, for consultation, testment and confinements, due single discontent active and all the single provisions are filed for reinhurswent. Paural Benefit/Spannal Cash Assistance for Reinaul Benefit and Hospital Confinement/s due to sciences/Illness will be sublect to acre-salising. Charge to: (Please read carefully at the back hereof) ROA No.: (Please read carefully at the back hereof) ROA No.: (Please read carefully at the back hereof) ROA No.: (Please RECEIVE COPY: UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC. Bank Account Name: Bank Account Number: Bank Account Number: Bank Address Dank Address Authorized Office Authorized Office Authorized Office Authorized Office		Supplier:	UNIFIED	PROPERTY AND ACCIDENT INSURANCE	THIRD		
Room 308 Timstate Building 5438 South Super Highway. Bangkal Madast City Till: 004-654-004 VAT Reg. 0916-214-8333 / (0218893-8382) Date: 26/08/20/ Mode of Procurement: Mode of			FOR EDU	ICATION (UPRAISE) AGENCY INC.	SYSTEM	***	
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Tel. No.: 0916-214-8333/(02) 8893-8382 SIR/MADAM: Mode of Procurements Mode of Payment: Sall Value Mode of Payment: Mode of Payment: Sall Value Mode of Payment: Mode of Payment: Sall Value Mode of Payment: Sall Value Mode of Payment: Mode of P		TIN.		CILY		Date:	22 /22 /2
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DESCRIPTION 21. Loss of toes-all of one foot 22. Loss of big toe 23. Loss of any toe other than big toe, each 24. Loss of sight of one eye 25. Loss of searing one ear 50% 25. Loss of searing one ear 50% NOTE: The insurance Company to be assigned by UPRAISE, inc. has no accredited hospitals in Tariac City. However, since this is a reliable browness of the otherwisty who will be insured through UPRAISE, inc. any to to any hospitals well able in the Province of Tariac, for varial medical expenses incurred can be filed for reliabursement. **Patrial Benefit/Suparate Cash Assistance for Natural Death and Hospital. Confinements, due to a principular accident or sickness. All valid medical expenses incurred can be filed for reliabursement. **Patrial Benefit/Suparate Cash Assistance for Natural Death and Hospital. Confinements, due to a sickness incurred can be filed for reliabursement. **Patrial Benefit/Suparate Cash Assistance for Natural Death and Hospital. Confinements, due to a sickness. All valid medical expenses incurred can be filed for reliabursement. **Patrial Benefit/Suparate Cash Assistance for Natural Death and Hospital. Confinements, due to a sickness. All valid medical expenses incurred can be filed for reliabursement. **Patrial Benefit/Suparate Cash Assistance for Natural Death and Hospital. Confinements, due to a sickness. All valid medical expenses incurred can be filed for reliabursement. **Patrial Benefit/Suparate Cash Assistance for Natural Death and Hospital. Confinements, due to pre-axisting. **Patrial Benefit Suparate Cash Assistance for Natural Death and Hospital. Confinements. All valid medical expenses incurred can be filed for reliabursement. **Patrial Benefit Suparate Cash Assistance for Natural Death and Hospital. Confinements. All valid medical expenses incurred can be filed for reliabursement. **Patrial Benefit Suparate Cash Assistance for Natural Death and Hospital. Confinements. All valid medical expenses incurred can be filed for reliabursement. **Patrial Benefit Suparate Ca		upon receipt and the Presi	of the Wo dent of the	reby advised to accomplish/deliver the foll rk Order as per quotation submitted by you a Agency	owing job/work within <u>30</u> duly approved by the TS	O calendar days SU Committee on Bids	and Awards
Charge to: Charge to: CONFORME & RECEIVE COPY: UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC. Plank Account Name: Bank Account Name: Bank Account Number: Bank Account Name: Bank Address: From No.: TSU-PRO-SE I (Beydston No. 0.1) CALLOSS of bay to other than big toe, each 19% 59% 22. Loss of bary toe other than big toe, each 19% 59% 22. Loss of any toe other than big toe, each 19% 59% 22. Loss of sight of one eye 25. Loss of sight of one eye 25. Loss of party to other than big toe, each 19% 59% 25. Loss of party to other than big toe, each 19% 59% 25. Loss of sight of one eye 25. Loss of party to other than big toe, each 19% 59% 25. Loss of party to other than big toe, each 19% 59% 25. Loss of sight of one eye 25. Loss of being to other than big toe, each 19% 59% 25. Loss of party to other than big toe, each 19% 59% 59% 59% 59% 59% 59% 59% 59% 59% 5		QTY.	UNIT				
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23. Loss of any toe other than big toe, each 24. Lose of sight of one eye 25. Loss of hearing-one ear 50% NOTE: The insurance Company to be assigned by UPRAISE, Inc. has no accredited hospitals in Tariac City. However, since this is a reimbursement type of insurance Plant/Program, all the arrolled adulents of Tariac State University who will be insured through UPRAISE, inc., clear dated that of Tariac State University who will be insured through UPRAISE, inc., clear dated to for Tariac State University who will be insured through UPRAISE, inc., clear dated to for Tariac State University who will be insured through UPRAISE, inc., clear on a particular accident or sickness. All valid medical expenses incurred can be filled for reimbursement. Surial Benefit/Separate Cash Assistance for Natural Death and Hospital. Confinement/s due to sickness/illness will be subject to pre-existing. Conditions/provisions (For Faculty and Staff only). Charge to: CONFORME & RECEIVE COPY: UNIFIED PROPERTY AND ACCIDENT INSURANCE SYSTEM FOR EDUCATION (UPRAISE) AGENCY INC. Firm/Dealer/Supplier/Contractor Date Bank Account Name: Bank Account Name: Bank Adcount Number: Bank Adcount Number: Bank Adress: Prom No.: TSU-PRO-SE Idl Revision No. 01.		1			15%		TOTAL COS
28. Loss of sight of one eye 25. Loss of hearing-one ear 50% NOTE: The Insurance Company to be assigned by UPRAISE, Inc. has no accredited hospitals in Tariac City. However, since this is a reimbursement type of Insurance Plan/Program, all the enrolled students of Tariac State University who will be insured through UPRAISE, Inc., can go to any hospitals evallable in the Province of Tariac, for valid medical expenses incurred can be filed for reimbursement. - Burial Benefit/Separate Cash Assistance for Natural Death and Hospital. Confinement/s due to sickness/illness will be subject to pre-existing. Conditions/provisions (For Faculty and Staff only). Charge to: ROA No.: CONFORME & RECEIVE COPY: FUNDS AVAILABLE:		1			5%		
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NOTE: The Insurance Company to be assigned by UPRAISE, Inc. has no accredited bospitals in Tarlac City. However, since this is a reimbursement type of Insurance Plan/Program, all the enrolled students of Tarlac State University who will be insured through UPRAISE, Inc., can go to any hospitals available in the Province of Tarlac, for consultation, treatment and confinements, due to a particular accident or sickness. All valid medical expenses incurred can be filed for reimbursement. Sturial Benefit/Separate Cash Assistance for Natural Death and Hospital Confinement/s due to sickness/illness will be subject to pre-existing. Charge to:				25. Loss of hearing-one ear	material control of the		
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Date Bank Account Name: Bank Account Number: Bank Name: Bank Address: DR. GLENARD T. MANRIAGA VP, Admin. & Finance Authorized Official	LUC	DCATION (UI	'RAISE) A	GENCY INC.	=	ELENAMAY T.	TEOFILO
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Bank Address: VP, Admin. & Finance Authorized Official	Rani	Name:	per:			DR. GLENARD T.	MÄDRIAGA
FORM NO.: TSU-PRO-SF 10Revision No. 01	Banl	Address:			_	VP, Admin. & I	Finance /
Effectivity Date: March 01 2017	For	m No. : TSU-PR	0-SF 10 Re	vision No.: 01	NAMES OF THE PARTY		incial

Effectivity Date: March 01, 2017

Page 4 of 4