



WORK ORDER

DELIVERY DUE DATE: 1 year

Procurement Unit
Telefax No.: 045-982-4630

Supplier : **THE MERCANTILE INSURANCE CO., INC.**
Address : General Luna corner Beaterio Streets, Intramuros, Manila
TIN: 000-825-516-000 VAT Reg.
Tel. No. : 0977-140-4781

Work Order No.: 2024-380
Date : 11/21/2024
JO No. : 2024-420
Date : 10/11/2024
Mode of Procurement: Small Value
Mode of Payment: N/30

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **One (1) Year** 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	UNIT COST	TOTAL COST
1	lot	INSURANCE SERVICES FOR STUDENTS ENROLLED FOR THE A.Y. 2024-2025 Accidental Insurance, List of 26,245 Enrolled Students A.Y. 2024-2025 and List of 1,422 Employees ACCIDENT GROUP INSURANCE FOR STUDENTS A.Y. 2024-2025 Coverage per person due to accident related only Limit of Liability Accidental Death/Dismemberment/Disablement including motorcycling 150,000 Permanent Total Disability (due to accident) 150,000 Unprovoked Murder and Assault (UMA) 150,000 Common Carrier (Double Indemnity) 300,000 Comprehensive General Liability Aggregate Combined Limit 250,000 Bodily Injury Aggregate Limit per student Property 25,000 Damage Aggregate Limit per student 25,000 Accident Medical Reimbursement - including motorcycling risk/UM&A 20,000 Accident Burial Benefit - incl motorcycling Risk/UM&A 35,000 Death due to Infectious diseases caused by the SARS-CoV-2 virus 15,000 Bereavement Cash Assistance due to Natural Cause of Death 30,000 Daily Hospital Income up to 60 days due to Accident 600/day Daily Hospital Income up to 60 days due to all kinds of sickness confinement and other natural calamities (including Dengue and Covid-19) 600/day Emergency Cash Assistance due to fire and earthquake (one-time) 10,000 Hospital and Medical Reimbursement due to SARS-CoV-2 virus (in-patient) 10,000 Hospital and Medical Reimbursement due to Dengue (inpatient) 10,000 Hospital and Medical Reimbursement due to Typhoid Fever (in-patient) 10,000	746,670.25	746,670.25

(Please read carefully at the back hereof)

Charge to: 02-206441
ROA No.: 2024-11-3834
CONFORME & RECEIVE COPY :
Joan F. Flores
THE MERCANTILE INSURANCE CO., INC.
Firm/Dealer/Supplier/Contractor
11.22.2024



FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

APPROVED:

DR. RONNIE A. DUNGO
DR. ARNOLD E. VELASCO
President

Authorized Official

Date
Bank Account Name: THE MERCANTILE INSURANCE CO., INC.
Bank Account Number: 0012-1126-02
Bank Name: LANDBANK OF THE PHILIPPINES
Bank Address: INTRAMUROS, MANILA



WORK ORDER

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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		Accidental Death of one parent/Guardian	10,000	
		Ambulance Service Benefit	3,000	
		Permanent Total Disability (due to accident)	150,000	
		Unprovoked Murder and Assault (UMA)	150,000	
		Common Carrier (Double Indemnity)	300,000	
		Comprehensive General Liability		
		Aggregate Combined Limit	250,000	
		Bodily Injury Aggregate Limit per student Property	25,000	
		Damage Aggregate Limit per student	25,000	
		Accident Medical Reimbursement - including motorcycling risk/UM&A	20,000	
		Accident Burial Benefit - incl motorcycling Risk/UM&A	35,000	
		Insurance includes drowning, dog and snake bites, lightning, earthquake, tidal waves, volcanic eruptions, typhoons, tornadoes, landslides, and other similar cases		
		Covers 24 hours/day anywhere in the world whether at home or in school for one whole year		
		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 and from a school-sponsored and supervised social or non-social extracurricular activity after school hours or on days when school is not in session		
		While participating in school-sponsored activities during or after regular school hours on or off school premises		
		While traveling in public or private conveyance used for land and sea travel		
		While traveling as a fare-paying passenger or any commercial scheduled, non-scheduled special, or chartered flights		
		While attending OJT in any part of the world		
		With Motorcycle Coverage-whether a passenger/operator/pillion of any 2, 3, 4 or more wheeled motorized vehicles		
		Insurance coverage is extended to all personnel of TSU regardless of their employment status		

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Budget Officer

APPROVED:

DR. BONNIE A. DUNGO
DR. ARNOLD E. VELASCO
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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST																						
		<p>The Mercantile Insurance Co., Inc. is accredited by most major/primary hospitals in Tarlac City or the Province of Tarlac and in Metro Manila</p> <p>Payment of Student Insurance shall be based on the actual number of officially enrolled students in the undergraduate, laboratory school, graduate school and the school of law</p> <p>The policyholder shall be entitled to a one-time financial assistance of 5,000 pesos for cases not covered under the terms of this insurance agreement. (Subject to policy conditions and exclusions)</p> <p>Premium per student inclusive of taxes Php28.45</p> <p>Free PA cover for the teaching and non-teaching staffs . The no. of covered school staffs must not be more than 10% of the total number of insured</p> <p>BENEFITS</p> <p>1. ACCIDENTAL DEATH — Pay the full amount of the Principal Sum for accidental death occurring within twelve (12) months from the date of accident.</p> <p>PERMANENT DISABLEMENT — Pays the corresponding percentages as stated in the Table of Permanent Disablement if bodily injury as aforesaid shall within twelve (12) calendar months from the date of accident result in permanent and total disablement and not followed within twelve (12) calendar months from the date of accident result in permanent and total disablement and not followed within twelve (12) calendar months of the said bodily injury by the death of the Insured member.</p> <p>TABLE OF PERMANENT DISABLEMENT BENEFITS</p> <table border="0"> <tr> <td>Total and permanent disablement from engaging in or attending to employment or occupations of any and every kind</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Total and permanent loss of all sight in both eyes</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Total loss by physical severance or total permanent loss of use of:</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>a) one or two limbs d) arm at or below the elbow</td> <td></td> </tr> <tr> <td>b) one or two hands e) leg above the knee</td> <td></td> </tr> <tr> <td>c) arm above the elbow f) leg at or below the knee</td> <td></td> </tr> <tr> <td>Total and permanent loss of:</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>a) sight in one eye</td> <td></td> </tr> <tr> <td>b) lens of one eye</td> <td></td> </tr> <tr> <td>Total loss by physical severance or:</td> <td></td> </tr> <tr> <td>a) thumb and four fingers of one hand</td> <td style="text-align: right;">50%</td> </tr> </table>	Total and permanent disablement from engaging in or attending to employment or occupations of any and every kind	100%	Total and permanent loss of all sight in both eyes	100%	Total loss by physical severance or total permanent loss of use of:	100%	a) one or two limbs d) arm at or below the elbow		b) one or two hands e) leg above the knee		c) arm above the elbow f) leg at or below the knee		Total and permanent loss of:	50%	a) sight in one eye		b) lens of one eye		Total loss by physical severance or:		a) thumb and four fingers of one hand	50%		
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THE MERCANTILE INSURANCE CO., INC.
Firm/Dealer/Supplier/Contractor
11.22.2024



FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

APPROVED:

DR. RONNIE A. DUNGO
DR. ARNOLD E. VELASCO
President

Authorized Official

Date
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Bank Address: INTRAMUROS, MANILA

Form No. : TSU-PRO-SF 10 Revision No.: 01

Effectivity Date: March 01, 2017

Page 3 of 7



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Address : General Luna corner Beaterio Streets, Intramuros, Manila
TIN: 000-825-516-000 VAT Reg.
Tel. No. : 0977-140-4781

Work Order No.: 2024-380
Date : 11/21/2024
JO No. : 2024-420
Date : 10/11/2024
Mode of Procurement: Small Value
Mode of Payment: N/30

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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		b) four fingers of one hand	40%	
		c) thumb (two phalanges)	25%	
		d) thumb (one phalanges)	10%	
		e) index finger (three phalanges)	15%	
		f) index finger (two phalanges)	8%	
		g) index finger (one phalanges)	4%	
		h) middle finger (three phalanges)	10%	
		i) middle finger (two phalanges)	4%	
		j) middle finger (one phalanges)	2%	
		k) ring finger (three phalanges)	8%	
		l) ring finger (two phalanges)	4%	
		m) ring finger (one phalanges)	2%	
		n) little finger (three phalanges)	6%	
		o) little finger (two phalanges)	3%	
		p) little finger (one phalanges)	2%	
		q) all toes of one foot	7%	
		r) great toe (two phalanges)	5%	
		s) great toe (one phalanges)	2%	
		t) any other toe	3%	
		Total permanent loss of:		
		a) hearing in two ear	75%	
		b) hearing in one ear	38%	
		c) speech	50%	
		The aggregate of all percentages payable in respect of any one accident shall not exceed 100%.		
		2. MEDICAL REIMBURSEMENT — Pay the cost of all necessary medical or surgical treatment, hospital care, nursing service, x-rays and dressings and all other reasonable medical expenses incurred within three months from the date of accident, up to the limit stated in the schedule of benefit.		
		3. UNPROVOKED MURDER AND ASSAULT – Pays the Insured of the Lump Sum benefit in the event of death resulting from murder and assault up to the limit stated in the schedule of benefit, subject to Territorial limitations:		
		a. Cotabato Provinces		
		b. Sulu Archipelago		

(Please read carefully at the back hereof)

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11.22.2024
Date



FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

APPROVED:

DR. RONNIE A. DUNGO

DR. ARNOLD E. VELASCO
President

Authorized Official

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		c. Basilan d. Maguindanao area e. Lanao del sur 4. DAILY ACCIDENT HOSPITAL INCOME (due to Accident)- Pays the Insured daily cash assistance for each day up to forty (60) days the insured is confined in a hospital as a result of an accident. 5. DAILY ACCIDENT HOSPITAL INCOME (due to Dengue & Covid-19)- This covers hospital confinement for serious health issues requiring medical attention, including Dengue and COVID-19. It provides the insured with daily cash assistance for each day, up to sixty days. 6. ACCIDENTAL BURIAL BENEFIT - Pays the insured, in addition to all other benefits, the amount selected if death was due to accident. 7. AMBULANCE SERVICE BENEFIT : Reimbursement of cost of ambulance service, up to the limit of the plan, from the location of accident to the nearest hospital. 8. BEREAVEMENT ASSISTANCE - Pays the insured in addition to all other benefits, the amount selected if death was due to natural death. 9. FIRE CASH ASSISTANCE BENEFIT - The Company agrees to pay the Insured any loss or damage to any property contained in the Insured's residence described in this policy due to fire and/or lightning up to the sum insured indicated in this section. 10. COMPREHENSIVE GENERAL LIABILITY - Protects the insured against legal liability that may arise as a result of a negligent act of the insured causing bodily injury and/or property damage to third parties occurring in connection with the insured's business. Aggregate limit: Combined Aggregate Limit : Php250,000 Bodily Injury Aggregate Limit per student : Php25,000.00 Property Damage Aggregate Limit per student: 25,000.00 11. MOTORCYCLING CLAUSE - Pays the Insured against any and all kinds of accidents subject to the terms and conditions of the policy for death, disablement or bodily injury subsequent upon the insured driving or while riding as a passenger on any two or three wheeled motorized vehicle, bicycle and/or sidecar for leisure or social purposes and not during any kind of racing, competition or any speed testing.		

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Page 5 of 7

Delivery due date: 1 year

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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		<p>Motorcycling related injuries or fatality shall not be covered if the insured person was established to have violations at the time of accident as follows:</p> <ol style="list-style-type: none"> 1. An expired or invalid driver's license 2. An expired vehicle registration 3. Have been under the influence of alcohol or prohibited drugs 4. Have been violating traffic laws and regulation 5. This also excludes the Insured person(s) while riding, Pillion rider or driver, if not wearing any proper safety gear such as crash helmet <p>CONDITIONS:</p> <ol style="list-style-type: none"> 1. Age Eligibility of Full Time Student not over 65 yrs old. — NAMED 2. Age Eligibility of Faculty members and Admin Staff between 18 but not over 65 years old – NAMED 3. Warranted in good health and with good moral character 4. Accidental Drowning is covered 5. Acts of Nature is covered 6. dog and snake bites is covered 7. Accidental Food and Drink Poisoning (presence of deleterious matter on food and drinks and not as a result of spoilage /expiration) is covered 8. Sabotage and Terrorism Exclusion Clause 9. The proposed plan does NOT include coverage for injuries resulting from any hazardous/professional sports. 10. Motorcycling is covered warranted with Helmet Warranty and Non-Violation Warranty. 11. Injuries arising out of the Insured engaging in hunting, racing (except foot racing), steeple chasing, polo playing, mountaineering, scuba diving, hang-gliding, winter sports, professional sports such as ice hockey, football or rugby, basketball or any other contact sports are NOT COVERED under the proposed plan. 12. The proposed plan does NOT include coverage for Unprovoked Murder and Assault occurring in the following Geographical areas, including their cities, towns, barrios and barangays: <ol style="list-style-type: none"> a. Lanao Del Sur b. Sultan Kudarat c. Sulu Archipelago d. Basilan e. Maguindanao area 		

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		13. The basic Accident plan does not cover death or disability due to sickness (except dengue, COVID-19, bacterial and viral infection), war or act of war, strike, terrorism, riot, civil disorder, and suicide, service in the armed forces and private flying. 14. Subject to Mercantile Insurance Co., Inc. standard PA terms and conditions, clauses and warranties. 15. Basketball and other sports are covered (SCHOOL-RELATED SPORTS ACTIVITIES ONLY) *****		

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Bank Address: _____



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APPROVED:

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		Comprehensive General Liability		
		Aggregate Combined Limit	250,000	
		Bodily Injury Aggregate Limit per student Property	25,000	
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		Accident Medical Reimbursement - including motorcycling risk/UM&A	20,000	
		Accident Burial Benefit - incl motorcycling Risk/UM&A	35,000	
		Insurance includes drowning, dog and snake bites, lightning, earthquake, tidal waves, volcanic eruptions, typhoons, tornadoes, landslides, and other similar cases		
		Covers 24 hours/day anywhere in the world whether at home or in school for one whole year		
		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 and from a school-sponsored and supervised social or non-social extracurricular activity after school hours or on days when school is not in session		
		While participating in school-sponsored activities during or after regular school hours on or off school premises		
		While traveling in public or private conveyance used for land and sea travel		
		While traveling as a fare-paying passenger or any commercial scheduled, non-scheduled special, or chartered flights		
		While attending OJT in any part of the world		
		With Motorcycle Coverage-whether a passenger/operator/pillion of any 2, 3, 4 or more wheeled motorized vehicles		
		Insurance coverage is extended to all personnel of TSU regardless of their employment status		

(Please read carefully at the back hereof)

Charge to: 02-206441
ROA No. : 2024-11-3834
CONFORME & RECEIVE COPY :

THE MERCANTILE INSURANCE CO., INC.
Firm/Dealer/Supplier/Contractor

Date

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____



FUNDS AVAILABLE:

JASPER M. YAUDER, CPA
Budget Officer

APPROVED:

DR. ARNOLD E. VELASCO
President

Authorized Official



WORK ORDER

DELIVERY DUE DATE: 1 year

Procurement Unit
Telefax No.: 045-982-4630

Supplier : **THE MERCANTILE INSURANCE CO., INC.**
Address : General Luna corner Beaterio Streets, Intramuros, Manila
TIN: 000-825-516-000 VAT Reg.
Tel. No. : 0977-140-4781

Work Order No.: 2024-380
Date : 11/21/2024
JO No. : 2024-420
Date : 10/11/2024
Mode of Procurement: Small Value
Mode of Payment: N/30

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **One (1) Year** 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	UNIT COST	TOTAL COST																						
		<p>The Mercantile Insurance Co., Inc, is accredited by most major/primary hospitals in Tarlac City or the Province of Tarlac and in Metro Manila</p> <p>Payment of Student Insurance shall be based on the actual number of officially enrolled students in the undergraduate, laboratory school, graduate school and the school of law</p> <p>The policyholder shall be entitled to a one-time financial assistance of 5,000 pesos for cases not covered under the terms of this insurance agreement. (Subject to policy conditions and exclusions)</p> <p>Premium per student inclusive of taxes Php28.45</p> <p>Free PA cover for the teaching and non-teaching staffs . The no. of covered school staffs must not be more than 10% of the total number of insured</p> <p>BENEFITS</p> <p>1. ACCIDENTAL DEATH — Pay the full amount of the Principal Sum for accidental death occurring within twelve (12) months from the date of accident.</p> <p>PERMANENT DISABLEMENT — Pays the corresponding percentages as stated in the Table of Permanent Disablement if bodily injury as aforesaid shall within twelve (12) calendar months from the date of accident result in permanent and total disablement and not followed within twelve (12) calendar months from the date of accident result in permanent and total disablement and not followed within twelve (12) calendar months of the said bodily injury by the death of the Insured member.</p> <p>TABLE OF PERMANENT DISABLEMENT BENEFITS</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Total and permanent disablement from engaging in or attending to employment or occupations of any and every kind</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Total and permanent loss of all sight in both eyes</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Total loss by physical severance or total permanent loss of use of:</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>a) one or two limbs d) arm at or below the elbow</td> <td></td> </tr> <tr> <td>b) one or two hands e) leg above the knee</td> <td></td> </tr> <tr> <td>c) arm above the elbow f) leg at or below the knee</td> <td></td> </tr> <tr> <td>Total and permanent loss of:</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>a) sight in one eye</td> <td></td> </tr> <tr> <td>b) lens of one eye</td> <td></td> </tr> <tr> <td>Total loss by physical severance or:</td> <td></td> </tr> <tr> <td>a) thumb and four fingers of one hand</td> <td style="text-align: right;">50%</td> </tr> </table>	Total and permanent disablement from engaging in or attending to employment or occupations of any and every kind	100%	Total and permanent loss of all sight in both eyes	100%	Total loss by physical severance or total permanent loss of use of:	100%	a) one or two limbs d) arm at or below the elbow		b) one or two hands e) leg above the knee		c) arm above the elbow f) leg at or below the knee		Total and permanent loss of:	50%	a) sight in one eye		b) lens of one eye		Total loss by physical severance or:		a) thumb and four fingers of one hand	50%		
Total and permanent disablement from engaging in or attending to employment or occupations of any and every kind	100%																									
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b) lens of one eye																										
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a) thumb and four fingers of one hand	50%																									

(Please read carefully at the back hereof)

Charge to: 02-206441
ROA No. : 2024-11-3834
CONFORME & RECEIVE COPY :

THE MERCANTILE INSURANCE CO., INC.
Firm/Dealer/Supplier/Contractor



FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

APPROVED:

DR. ARNOLD E. VELASCO
President

Authorized Official

Date _____
Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____



WORK ORDER

DELIVERY DUE DATE: 1 year

Procurement Unit
Telefax No.: 045-982-4630

Supplier : **THE MERCANTILE INSURANCE CO., INC.**
Address : General Luna corner Beaterio Streets, Intramuros, Manila
TIN: 000-825-516-000 VAT Reg.
Tel. No. : 0977-140-4781

Work Order No.: 2024-380
Date : 11/21/2024
JO No. : 2024-420
Date : 10/11/2024
Mode of Procurement: Small Value
Mode of Payment: N/30

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within **One (1) Year** 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	UNIT COST	TOTAL COST
		b) four fingers of one hand	40%	
		c) thumb (two phalanges)	25%	
		d) thumb (one phalanges)	10%	
		e) index finger (three phalanges)	15%	
		f) index finger (two phalanges)	8%	
		g) index finger (one phalanges)	4%	
		h) middle finger (three phalanges)	10%	
		i) middle finger (two phalanges)	4%	
		j) middle finger (one phalanges)	2%	
		k) ring finger (three phalanges)	8%	
		l) ring finger (two phalanges)	4%	
		m) ring finger (one phalanges)	2%	
		n) little finger (three phalanges)	6%	
		o) little finger (two phalanges)	3%	
		p) little finger (one phalanges)	2%	
		q) all toes of one foot	7%	
		r) great toe (two phalanges)	5%	
		s) great toe (one phalanges)	2%	
		t) any other toe	3%	
		Total permanent loss of:		
		a) hearing in two ear	75%	
		b) hearing in one ear	38%	
		c) speech	50%	
		The aggregate of all percentages payable in respect of any one accident shall not exceed 100%.		
		2. MEDICAL REIMBURSEMENT — Pay the cost of all necessary medical or surgical treatment, hospital care, nursing service, x-rays and dressings and all other reasonable medical expenses incurred within three months from the date of accident, up to the limit stated in the schedule of benefit.		
		3. UNPROVOKED MURDER AND ASSAULT - Pays the Insured of the Lump Sum benefit in the event of death resulting from murder and assault up to the limit stated in the schedule of benefit, subject to Territorial limitations:		
		a. Cotabato Provinces		
		b. Sulu Archipelago		

(Please read carefully at the back hereof)

Charge to: 02-206441
ROA No. : 2024-11-3834
CONFORME & RECEIVE COPY :

THE MERCANTILE INSURANCE CO., INC.
Firm/Dealer/Supplier/Contractor



FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

APPROVED:

DR. RONNIE A. DUNG
DR. ARNOLD E. VELASCO
President

Authorized Official

Date _____
Bank Account Name: _____
Bank Account Number: _____
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WORK ORDER

DELIVERY DUE DATE: 1 year

Procurement Unit
Telefax No.: 045-982-4630

Supplier : **THE MERCANTILE INSURANCE CO., INC.**
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Work Order No.: 2024-380
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Date : 10/11/2024
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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		c. Basilan d. Maguindanao area e. Lanao del sur 4. DAILY ACCIDENT HOSPITAL INCOME (due to Accident) - Pays the Insured daily cash assistance for each day up to forty (60) days the insured is confined in a hospital as a result of an accident. 5. DAILY ACCIDENT HOSPITAL INCOME (due to Dengue & Covid-19) - This covers hospital confinement for serious health issues requiring medical attention, including Dengue and COVID-19. It provides the insured with daily cash assistance for each day, up to sixty days. 6. ACCIDENTAL BURIAL BENEFIT - Pays the insured, in addition to all other benefits, the amount selected if death was due to accident. 7. AMBULANCE SERVICE BENEFIT : Reimbursement of cost of ambulance service, up to the limit of the plan, from the location of accident to the nearest hospital. 8. BEREAVEMENT ASSISTANCE - Pays the insured in addition to all other benefits, the amount selected if death was due to natural death. 9. FIRE CASH ASSISTANCE BENEFIT - The Company agrees to pay the Insured any loss or damage to any property contained in the Insured's residence described in this policy due to fire and/or lightning up to the sum insured indicated in this section. 10. COMPREHENSIVE GENERAL LIABILITY - Protects the insured against legal liability that may arise as a result of a negligent act of the insured causing bodily injury and/or property damage to third parties occurring in connection with the insured's business. Aggregate limit: Combined Aggregate Limit : Php250,000 Bodily Injury Aggregate Limit per student : Php25,000.00 Property Damage Aggregate Limit per student: 25,000.00 11. MOTORCYCLING CLAUSE - Pays the Insured against any and all kinds of accidents subject to the terms and conditions of the policy for death, disablement or bodily injury subsequent upon the insured driving or while riding as a passenger on any two or three wheeled motorized vehicle, bicycle and/or sidecar for leisure or social purposes and not during any kind of racing, competition or any speed testing.		

(Please read carefully at the back hereof)

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THE MERCANTILE INSURANCE CO., INC.
Firm/Dealer/Supplier/Contractor

Date _____
Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____



FUNDS AVAILABLE:

JASPER A YAUDER, CPA
Budget Officer

APPROVED:
DR. ROSE A. DUNGO
DR. ARNOLD E. VELASCO
President
Authorized Official



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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		<p>Motorcycling related injuries or fatality shall not be covered if the insured person was established to have violations at the time of accident as follows:</p> <ol style="list-style-type: none"> 1. An expired or invalid driver's license 2. An expired vehicle registration 3. Have been under the influence of alcohol or prohibited drugs 4. Have been violating traffic laws and regulation 5. This also excludes the Insured person(s) while riding, Pillion rider or driver, if not wearing any proper safety gear such as crash helmet <p>CONDITIONS:</p> <ol style="list-style-type: none"> 1. Age Eligibility of Full Time Student not over 65 yrs old. — NAMED 2. Age Eligibility of Faculty members and Admin Staff between 18 but not over 65 years old – NAMED 3. Warranted in good health and with good moral character 4. Accidental Drowning is covered 5. Acts of Nature is covered 6. dog and snake bites is covered 7. Accidental Food and Drink Poisoning (presence of deleterious matter on food and drinks and not as a result of spoilage /expiration) is covered 8. Sabotage and Terrorism Exclusion Clause 9. The proposed plan does NOT include coverage for injuries resulting from any hazardous/professional sports. 10. Motorcycling is covered warranted with Helmet Warranty and Non-Violation Warranty. 11. Injuries arising out of the Insured engaging in hunting, racing (except foot racing), steeple chasing, polo playing, mountaineering, scuba diving, hang-gliding, winter sports, professional sports such as ice hockey, football or rugby, basketball or any other contact sports are NOT COVERED under the proposed plan. 12. The proposed plan does NOT include coverage for Unprovoked Murder and Assault occurring in the following Geographical areas, including their cities, towns, barrios and barangays: <ol style="list-style-type: none"> a. Lanao Del Sur b. Sultan Kudarat c. Sulu Archipelago d. Basilan e. Maguindanao area 		

(Please read carefully at the back hereof)

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THE MERCANTILE INSURANCE CO., INC.
Firm/Dealer/Supplier/Contractor

Date

Bank Account Name: _____

Bank Account Number: _____

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FUNDS AVAILABLE:

JASPER A. YAUDER, CPA
Budget Officer

APPROVED:

DR. RONNIE A. DUNGO
DR. ARNOLD E. VELASCO
President

Authorized Official



WORK ORDER

DELIVERY DUE DATE: 1 year

Procurement Unit
Telefax No.: 045-982-4630

Supplier: **THE MERCANTILE INSURANCE CO., INC.**
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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		13. The basic Accident plan does not cover death or disability due to sickness (except dengue, COVID-19, bacterial and viral infection), war or act of war, strike, terrorism, riot, civil disorder, and suicide, service in the armed forces and private flying. 14. Subject to Mercantile Insurance Co., Inc. standard PA terms and conditions, clauses and warranties. 15. Basketball and other sports are covered (SCHOOL-RELATED SPORTS ACTIVITIES ONLY) *****		

(Please read carefully at the back hereof)

Charge to:
ROA No.: 02-206441
CONFORME & RECEIVE COPY: 2024-11-28 34

THE MERCANTILE INSURANCE CO., INC.

Firm/Dealer/Supplier/Contractor

Date

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____



FUNDS AVAILABLE:

JASPER A. YAUDER, CPA

Budget Officer

APPROVED:

DR. RONNE A. DUNGO

DR. ARNOLD E. VELASCO

President

Authorized Official