



Republic of the Philippines
 Department of Finance
INSURANCE COMMISSION
 1071 United Nations Avenue
 Manila



REQUEST FOR QUOTATION

The Insurance Commission (IC) invites all interested suppliers who are registered in the Philippine Government Electronic Procurement System (PHILGEPS) to submit the proposal/quotation for:

| PARTICULARS | Approved Budget |
|---|---|
| <p>Transportation Services (P.R. No. 2019-06-191)</p> <ul style="list-style-type: none"> - Travel Dates : 31 July to 02 August 2019 - No. of Passengers : Forty-Nine (49) pax - No. of Bus : One (1) - Package Type : Pick-up and Drop-off only - Location : Baler Aurora <p><u>Bus Features (Tourist Bus)</u></p> <ul style="list-style-type: none"> - Fully air-conditioned - Reclining comfort seats (no center/jump seats) - Equipped with functional audio and video system <p><u>INCLUSIONS</u></p> <ul style="list-style-type: none"> - Driver's Fee - Driver's Meal - Fuel - Toll Fees - Parking Fee (if applicable) - Insurance - 12% VAT and all other applicable taxes and charges. <p><i>Please see Terms of Reference for specific details.</i></p> | <p>Forty-Eight Thousand Three Hundred Pesos (PhP48,300.00)</p> |

Please use the attached Reply Slip Form in submitting price quotation to the IC Office, or through email or fax at the contact information indicated in the succeeding page.

Proposal/quotations must be received not later than 10:00 A.M. of 25 June 2019
at the following address:

Contact Person : Leila C. Espineli
Telephone Numbers : 523-8461 to 70 loc. 103 and 127
Email Address: : lc.espineli@insurance.gov.ph
Place of Submission : Ground Floor., Insurance Commission Bldg., 1071 United Nations
Avenue, Ermita, Manila



RANDY B. ESCOLANGO
Deputy Insurance Commissioner
Legal Services Group

TERMS OF REFERENCE

Transportation Services for the Functional Group Planning and Budgeting Activity of the Legal Services Group on 31 July to 02 August 2019 (P.R. No. 2019-06-191)

I. Scope of Work and Job Specifications.

A. General

- No. of Passengers: Forty-Nine (49) pax
- Travel Dates: 31 July to 02 August 2019
- Location: Baler Aurora
- Pick-up point and drop-off point shall be at the Insurance Commission Office, 1071 United Nations Avenue, Manila. Alternate drop-off point may be arranged and agreed by both parties.

B. Bus Features

- Fully air-conditioned
- Reclining comfort seats
- No center/aisle/jump seats
- Equipped with functional audio and video system

C. Inclusions

- Driver's Fee
- Driver's Meal
- Fuel
- Toll Fees
- Parking Fee (if applicable)
- Insurance
- 12% VAT and all other applicable taxes and charges

D. Delivery Terms

- Day 1
The Transportation service shall arrive at the Insurance Commission (pick-up point) at least one hour before the expected departure time.

Day 3

The Transportation service shall arrive at the venue at least one hour before the expected departure time.

II. Approved budget for the Contract

The Approved Budget for the Contract (ABC) is **Forty-Eight Thousand Three Hundred Pesos (PhP48,300.00)**, inclusive of 12% VAT and all other applicable taxes and charges.

III. Mode of Procurement

The mode shall be Small Value Procurement as provided under Section 53.9 of the Revised Implementing Rules and Regulations (RIRR) of Republic Act No. 9184.

IV. Awarding of Contract

The bidder with the Lowest Calculated Bid (LCB) shall be required to submit and present the following documents:

1. PhilGEPS Proof of Registration (if applicable)
2. Registration Certificate from Land Transportation Office (LTO)
3. Land Transportation Franchising and Regulatory Board (LTFRB) Permit
4. Mayor's Permit
5. Income/Business Tax Return
6. Omnibus Sworn Statement

The quoted price must be valid for thirty (30) days and should not be subject to change/increase during the implementation of the contract.

V. Payment Scheme

The payment for the service rendered shall be made upon issuance of billing statement and the corresponding Certificate of Satisfactory Service by the end-user.

Failure to comply with the Terms and Conditions of the contract will result in the payment of the corresponding penalties/liquidated damages in the amount equal to 1% of the contract prices by the winning service provider.



RANDY B. ESCOLANGO
Deputy Insurance Commissioner
Legal Services Group

REPLY SLIP

Name of Supplier : _____
Address : _____
Business Permit No. : _____
Tax Identification No. : _____
PhilGEPS Registration No.: _____

After having carefully read and accepted the terms and conditions, I/we quote you on the item at prices noted below:

| Item and Description | Quantity and Unit | Approved Budget | Amount |
|--|-------------------|--|--------|
| Transportation Service <ul style="list-style-type: none"> • Travel Dates : 31 July to 02 August 2019 • No. of Passengers : 49 pax • No. of Bus : One (1) • Location : Baler Aurora <p><u>INCLUSIONS:</u></p> <ul style="list-style-type: none"> • Driver's Fee • Driver's Meal • Fuel • Toll Fees • Parking Fee (if applicable) • Insurance • 12% VAT and all other applicable taxes and charges. <p>Please see Terms of Reference for specific details.</p> | 1 Lot | Forty-Eight Thousand Three Hundred Pesos (P48,300.00) (inclusive of 12% VAT and all other applicable taxes and charges) | |

 Signature over Printed name of
 Supplier/Authorized Representative

Position : _____
 Date : _____
 Tel. No. : _____
 E-Mail : _____

Omnibus Sworn Statement

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S.

AFFIDAVIT

I, *[Name of Affiant]*, of legal age, *[Civil Status]*, *[Nationality]*, and residing at *[Address of Affiant]*, after having been duly sworn in accordance with law, do hereby depose and state that:

1. **Select one, delete the other:**

If a sole proprietorship: I am the sole proprietor or authorized representative of *[Name of Bidder]* with office address at *[address of Bidder]*;

If a partnership, corporation, cooperative, or joint venture: I am the duly authorized and designated representative of *[Name of Bidder]* with office address at *[address of Bidder]*;

2. **Select one, delete the other:**

If a sole proprietorship: As the owner and sole proprietor, or authorized representative of *[Name of Bidder]*, I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for *[Name of the Project]* of the *[Name of the Procuring Entity]*, as shown in the attached duly notarized *Special Power of Attorney*;

If a partnership, corporation, cooperative, or joint venture: I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for *[Name of the Project]* of the *[Name of the Procuring Entity]*, as shown in the attached *[state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable:)]*;

3. *[Name of Bidder]* is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board;
4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
5. *[Name of Bidder]* is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. *Select one, delete the rest:*

If a sole proprietorship: The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

If a partnership or cooperative: None of the officers and members of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

If a corporation or joint venture: None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the following responsibilities as a Bidder:
- a) Carefully examine all of the Bidding Documents;
 - b) Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
 - c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and
 - d) Inquire or secure Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of ___, 20__ at _____, Philippines.

Bidder's Representative/Authorized Signatory

SUBSCRIBED AND SWORN to before me this ___ day of *[month]* *[year]* at *[place of execution]*, Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice

(A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her [insert type of government identification card used], with his/her photograph and signature appearing thereon, with no. _____ and his/her Community Tax Certificate No. _____ issued on ____ at _____.

Witness my hand and seal this ____ day of [month] [year].

NAME OF NOTARY PUBLIC

Serial No. of Commission _____

Notary Public for _____ until _____

Roll of Attorneys No. _____

PTR No. _____ [date issued], [place issued]

IBP No. _____ [date issued], [place issued]

Doc. No. _____

Page No. _____

Book No. _____

Series of _____

* This form will not apply for WB funded project