



**GSIS** Government Service Insurance System  
Financial Center, Pasay City, Metro Manila 1308

BINDER NO. FI-2018-F-0006915  
LINE OF BUSINESS FIRE

December 26, 2018

TO : NATIONAL REINSURANCE CORPORATION OF THE PHILS.  
18TH FLR., PHIL. AXA LIFE CENTRE  
SEN. GIL J. PUYAT AVE.  
MARATI CITY

The GSIS GENERAL INSURANCE FUND requests reinsurance  
ASSURED DEPT OF FOREIGN AFFAIRS  
POLICY NO FI-NM-GSISHO-0031484  
BILL NO 19-1539539 PREMIUM AMOUNT 1,957,464.70  
PERIOD JANUARY 01, 2019/DECEMBER 31, 2019  
CURRENCY PHILIPPINE PESO  
SUM INSURED 1,717,601,637.72 YOUR SHARE 137,408,131.02 8.000%

SEE ATTACHED RISK AND PERILS COVERED  
I. Facultative Share in Premium

Peril	Premium Ceded	RI Comm Rate	Less: RI Comm Amt	Less: CWT
E/CA	2,535.18	20.00%	507.04	50.70
F/L ALLIED	58,425.95	20.00%	11,685.19	1,168.52
T	13,530.22	20.00%	2,706.04	270.60
FLOOD	6,765.11	20.00%	1,353.02	135.30
ST	41,515.16	20.00%	8,303.03	830.30
FE	33,825.55	20.00%	6,765.11	676.51
<b>TOTAL</b>	<b>156,597.17</b>		<b>31,319.43</b>	<b>3,131.94</b>
			<b>Less: Broker Fee</b>	<b>0.00</b>
			<b>NET DUE YOU</b>	<b>122,145.80</b>

II. Subject to the original terms and conditions of the above-mentioned Policy.  
III. This facultative offer should not be retroceded to the GSIS.

NOTE:

- The following documents shall form part of this agreement:
  - Bidding Documents;
  - Eligibility requirements, Technical and Financial Proposal;
  - Performance Security; and
  - Notice of Award
- Please return this original copy to Reinsurance Dept., Insurance Group together with the four (4) carbonized copies within three working days upon receipt hereof.

Very truly yours,

Acceptance Confirmed by:

GOVERNMENT SERVICE INSURANCE SYSTEM

**ORIGINAL SIGNED**

PRINTED NAME/SIGNATURE/DATE

ROMEL C. CURISA  
SENIOR VICE PRESIDENT

JAN 18 2019

ACKNOWLEDGEMENT:

To: GSIS GENERAL INSURANCE FUND

I hereby confirm acceptance of the reinsurance requested on your risk as described in the above BINDER NO: FI-2018-F-0006915 subject to all terms and conditions of the Bidding Documents and the original printed policy.

DATE: \_\_\_\_\_

NATIONAL REINSURANCE CORPORATION OF THE PHILS.

By:

PRINTED NAME/DESIGNATION

AUTHORIZED SIGNATURE