



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

**BINDER NO. FI-2019-F-0006956**  
**LINE OF BUSINESS FIRE**

January 25, 2019

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

The GSIS GENERAL INSURANCE FUND requests reinsurance  
**ASSURED UNIVERSITY OF THE PHILIPPINES**  
**POLICY NO FI-NM-GSISHO-0031529**  
**BILL NO 19-1541611 PREMIUM AMOUNT 6,892,760.79**  
**PERIOD JANUARY 01, 2019/DECEMBER 31, 2019**  
**CURRENCY PHILIPPINE PESO**  
**SUM INSURED 9,081,371,263.81 YOUR SHARE 726,509,701.10 8.000%**

SEE ATTACHED RISK AND PERILS COVERED

**I. Facultative Share in Premium**

Peril	Premium Ceded	RI Comm Rate	Less: RI Comm Amt	Less: CMT
E/CA	16,760.52	20.00%	3,352.10	335.21
F/L	192,745.89	20.00%	38,549.18	3,854.92
T	67,042.05	20.00%	13,408.41	1,340.84
FLOOD	33,521.03	20.00%	6,704.20	670.42
FE	241,351.38	20.00%	48,270.28	4,827.03
<b>TOTAL</b>	<b>551,420.86</b>		<b>110,284.17</b>	<b>11,028.42</b>
			<b>Less: Broker Fee</b>	<b>0.00</b>
			<b>NET DUE YOU</b>	<b>430,108.27</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

**JAN 29 2019**  
**ROMEL C. CURIBA**  
**SENIOR VICE PRESIDENT**

**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-2019-F-0006956** 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