



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

BINDER NO. FI-2018-F-0006919  
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.  
MAKATI CITY

The GSIS GENERAL INSURANCE FUND requests reinsurance  
ASSURED **CGO QUEZON**  
POLICY NO **FI-NM-GSISHO-0031485**  
BILL NO **19-1539541** PREMIUM AMOUNT **3,606,761.83**  
PERIOD **JANUARY 01, 2019/DECEMBER 31, 2019**  
CURRENCY **PHILIPPINE PESO**  
SUM INSURED **4,284,124,798.88** YOUR SHARE **342,729,983.91** **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	5,747.83	20.00%	1,149.57	114.96
F/L	110,358.29	20.00%	22,071.66	2,207.17
T	22,991.31	20.00%	4,598.26	459.83
FLOOD	11,495.65	20.00%	2,299.13	229.91
FE	137,947.86	20.00%	27,589.57	2,758.96
<b>TOTAL</b>	<b>288,540.94</b>		<b>57,708.19</b>	<b>5,770.82</b>
			<b>Less: Broker Fee</b>	<b>0.00</b>
			<b>NET DUE YOU</b>	<b>225,061.93</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-2018-F-0006919** 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