

| MUNICIPIO DE SANTIAGO DE CALI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
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| ADQUISICION DE BIENES Y SERVICIOS MM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <div style="display: flex; justify-content: space-between;"> <div> <b>Fecha elaboración por solicitante</b><br/> <table border="1" style="width: 100%;"> <tr><td>DIA</td><td>MES</td><td>AÑO</td></tr> <tr><td> </td><td>ENERO</td><td>2022</td></tr> </table> </div> <div> <b>Fecha radicación Presupuesto</b><br/> <table border="1" style="width: 100%;"> <tr><td>DIA</td><td>MES</td><td>AÑO</td></tr> <tr><td> </td><td>ENERO</td><td>2022</td></tr> </table> </div> <div> <b>Fecha radicación compras</b><br/> <table border="1" style="width: 100%;"> <tr><td>DIA</td><td>MES</td><td>AÑO</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> </div> <div> <b>SOLICITUD DE COMPRA No.</b><br/> <table border="1" style="width: 100%;"> <tr><td> </td></tr> </table> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              | DIA                                                         | MES                      | AÑO                      |                                                    | ENERO                    | 2022                     | DIA                                 | MES                      | AÑO                      |                          | ENERO                    | 2022                     | DIA                      | MES                      | AÑO                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| DIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MES                                                    | AÑO                      |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
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| DIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MES                                                    | AÑO                      |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
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| DIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MES                                                    | AÑO                      |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
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| <b>Nombre y código del Centro de costos:</b> RECREACIÓN A TRAVÉS DE INICIACIÓN Y FORMACIÓN DEPORTIVA EN SANTIAGO DE CALI <b>Nombre del Solicitante:</b> CARLOS ALBERTO DIAZO ALZATE <b>Cédula del Solicitante:</b> 14.838.634                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <b>Información presupuestaria</b> <table border="1" style="width: 100%;"> <tr> <th colspan="3">Campo obligatorio</th> <th colspan="2">Si se trata de un Proyecto es un campo obligatorio</th> <th colspan="2">Campo obligatorio</th> <th>Campo obligatorio</th> <th rowspan="2">CODIGO DEL MATERIAL</th> <th rowspan="2">DESCRIPCIÓN DEL MATERIAL</th> <th rowspan="2">Tipo imputación</th> <th rowspan="2">Cód. almacén</th> <th rowspan="2">U. M.</th> <th colspan="2">CANTIDAD</th> <th colspan="3">VALOR DEL MATERIAL</th> </tr> <tr> <th>Pospre</th> <th>Centro Gastos</th> <th>Fondo</th> <th>Área Funcional</th> <th>Elemento PEP</th> <th>Mes PAC</th> <th>Valores de PAC</th> <th>Mes requerido para recibir material</th> <th>PEDIDA</th> <th>AUTORIZADA</th> <th>UNITARIO</th> <th>%IVA</th> <th>TOTAL</th> </tr> <tr> <td>2.3.2.02.02.009</td> <td>4162</td> <td>1.2.1.0.00</td> <td>52020020008</td> <td>BP-26002669/1/01/01/10</td> <td>FEBRERO</td> <td>\$ 1.968.000</td> <td>FEBRERO</td> <td></td> <td>Realizar la iniciación y formación deportiva con niños, niñas y adolescentes</td> <td>P</td> <td>13</td> <td>GI</td> <td>4</td> <td>4</td> <td>\$ 1.968.000</td> <td></td> <td>\$ 7.872.000</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              | Campo obligatorio                                           |                          |                          | Si se trata de un Proyecto es un campo obligatorio |                          | Campo obligatorio        |                                     | Campo obligatorio        | CODIGO DEL MATERIAL      | DESCRIPCIÓN DEL MATERIAL | Tipo imputación          | Cód. almacén             | U. M.                    | CANTIDAD                 |                          | VALOR DEL MATERIAL       |                          |                          | Pospre                   | Centro Gastos            | Fondo                    | Área Funcional           | Elemento PEP             | Mes PAC                  | Valores de PAC           | Mes requerido para recibir material | PEDIDA                   | AUTORIZADA               | UNITARIO                 | %IVA                     | TOTAL                    | 2.3.2.02.02.009                | 4162                     | 1.2.1.0.00                  | 52020020008              | BP-26002669/1/01/01/10             | FEBRERO                  | \$ 1.968.000         | FEBRERO                  |                                     | Realizar la iniciación y formación deportiva con niños, niñas y adolescentes | P                                                      | 13                       | GI                              | 4 | 4 | \$ 1.968.000 |  | \$ 7.872.000 |
| Campo obligatorio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |                          | Si se trata de un Proyecto es un campo obligatorio |                          | Campo obligatorio        |                | Campo obligatorio                   | CODIGO DEL MATERIAL | DESCRIPCIÓN DEL MATERIAL                                                     | Tipo imputación | Cód. almacén | U. M. | CANTIDAD |            | VALOR DEL MATERIAL |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| Pospre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Centro Gastos                                          | Fondo                    | Área Funcional                                     | Elemento PEP             | Mes PAC                  | Valores de PAC | Mes requerido para recibir material |                     |                                                                              |                 |              |       | PEDIDA   | AUTORIZADA | UNITARIO           | %IVA | TOTAL        |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| 2.3.2.02.02.009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4162                                                   | 1.2.1.0.00               | 52020020008                                        | BP-26002669/1/01/01/10   | FEBRERO                  | \$ 1.968.000   | FEBRERO                             |                     | Realizar la iniciación y formación deportiva con niños, niñas y adolescentes | P               | 13           | GI    | 4        | 4          | \$ 1.968.000       |      | \$ 7.872.000 |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <b>Observaciones:</b><br>PRESTACION DE SERVICIOS <table border="1" style="width: 100%; float: right;"> <tr><td colspan="2">VALOR TOTAL ANTES DEL IVA</td><td>\$ 7.872.000</td></tr> <tr><td colspan="2">VALOR TOTAL DEL IVA</td><td></td></tr> <tr><td colspan="2">VALOR TOTAL DEL PEDIDO INCLUIDO IVA</td><td>\$ 7.872.000</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              | VALOR TOTAL ANTES DEL IVA                                   |                          | \$ 7.872.000             | VALOR TOTAL DEL IVA                                |                          |                          | VALOR TOTAL DEL PEDIDO INCLUIDO IVA |                          | \$ 7.872.000             |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| VALOR TOTAL ANTES DEL IVA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        | \$ 7.872.000             |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| VALOR TOTAL DEL IVA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| VALOR TOTAL DEL PEDIDO INCLUIDO IVA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | \$ 7.872.000             |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
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| <b>Justificación del Requerimiento:</b><br>Proyecto priorizado como parte del POAI 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <table border="1" style="width: 100%;"> <tr> <th colspan="6">Marque con una X los Riesgos a Amparar (Clases de Polizas):</th> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              | Marque con una X los Riesgos a Amparar (Clases de Polizas): |                          |                          |                                                    |                          |                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| Marque con una X los Riesgos a Amparar (Clases de Polizas):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/> |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/> |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/> |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/> |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <div style="display: flex; justify-content: space-between;"> <div> <b>Maneja con una X los Riesgos a Amparar (Clases de Polizas):</b><br/> <table border="1" style="width: 100%;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> </div> <div> <table border="1" style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Pago de salarios, prestaciones</td></tr> <tr><td><input type="checkbox"/></td><td>Conformidad de los estudios</td></tr> <tr><td><input type="checkbox"/></td><td>Cantidad y correcto funcionamiento</td></tr> <tr><td><input type="checkbox"/></td><td>Calidad del servicio</td></tr> </table> </div> <div> <table border="1" style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Provisión de repuestos y accesorios</td></tr> <tr><td><input type="checkbox"/></td><td>Garantía para contratos de comisión de estudio y obras</td></tr> <tr><td><input type="checkbox"/></td><td>Seguro de responsabilidad civil</td></tr> </table> </div> </div> |                                                        |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              | <input type="checkbox"/>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pago de salarios, prestaciones | <input type="checkbox"/> | Conformidad de los estudios | <input type="checkbox"/> | Cantidad y correcto funcionamiento | <input type="checkbox"/> | Calidad del servicio | <input type="checkbox"/> | Provisión de repuestos y accesorios | <input type="checkbox"/>                                                     | Garantía para contratos de comisión de estudio y obras | <input type="checkbox"/> | Seguro de responsabilidad civil |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/> |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/> |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/> |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/> |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/> |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Pago de salarios, prestaciones                         |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Conformidad de los estudios                            |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Cantidad y correcto funcionamiento                     |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Calidad del servicio                                   |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Provisión de repuestos y accesorios                    |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Garantía para contratos de comisión de estudio y obras |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Seguro de responsabilidad civil                        |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |
| <div style="display: flex; justify-content: space-between;"> <div> <b>Firma del Solicitante:</b><br/> </div> <div> <b>Firma del Representante:</b><br/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                        |                          |                                                    |                          |                          |                |                                     |                     |                                                                              |                 |              |       |          |            |                    |      |              |                                                             |                          |                          |                                                    |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                                |                          |                             |                          |                                    |                          |                      |                          |                                     |                                                                              |                                                        |                          |                                 |   |   |              |  |              |

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