**ANEXO No. 5**

**EXPERIENCIA DEL OFERENTE**

**(PRIMAS)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **ASEGURADO**  **(CLIENTE)** | **PÓLIZAS O RAMOS CONTRATADOS** | **VIGENCIA DEL CONTRATO** | **VALOR PRIMAS ANUALES SIN I.V.A.** | **VALOR CONTRATO SMMLV** | **CONSECUTIVO RUP** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
|  | **TOTAL** |  |  | **$** |  |  |

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**FIRMA DEL REPRESENTANTE LEGAL DEL PROPONENTE**