FORMATO No. 3

SOLICITUD DE COTIZACIÓN DAYF 25-2022

CERTIFICACIÓN DE EXPERIENCIA

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Medellín,

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| CLIENTE | VALOR DEL SINIESTRO | VALOR DE LA INDEMNIZACIÓN |
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| Empresa que cotiza: |  | | |
| Formato diligenciado por: |  | | |
| Cargo en la empresa: |  | Teléfono: |  |
| Correo electrónico: |  | Ciudad: |  |
| Firma:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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Firma Representante Legal