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| El **INSTITUTO DISTRITAL DE GESTIÓN DE RIESGOS Y CAMBIO CLIMÁTICO -IDIGER**, una vez verificado el expediente contractual, y sin que en él conste la ocurrencia de siniestros amparados con la garantía exigida, realiza su cierre:[[1]](#footnote-1)   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Información General del Contrato** | | | | | | | | | | | | **Contrato / Convenio No.:** | |  | | | | | **Fecha:** DD/MM/AAAA | | | | | **Objeto:** | | | | | | | | | | | | **Supervisor:** | incluir cargo | | | | | | | | | | | **Contratista:** |  | | | | NIT / C.C: | | | | | | | **Valor Total:** | $ incluir números | | | | | | | | | | | **Valor Ejecutado:** | $ incluir números | | | | | | | | | | | **Saldo a liberar:** | $ incluir números | | | | | | | | | | | **Fecha de inicio:** | | | DD/MM/AAAA | | | | | | | | | **Modificaciones al contrato (señalar tipo):** | | | **Tipo de Modificación** | | | | | **Fecha de Suscripción** | | | | Prórroga o Adición | | | | | DD/MM/AAAA | | | | **Fecha de terminación:** | | | DD/MM/AAAA | | | | | | | | | **Fecha de Liquidación (Si hubo lugar a ella):** | | | DD/MM/AAAA | | | | | | | | | **Vencimiento de las Garantías N° XXXXXXXXXX de incluir nombre de Aseguradora**  **(incluir todos los amparos que hagan parte de la garantía)** | | | | | | | | | | | | **Tipo** | | | **Desde** | | | | | **Hasta** | | | | **DD** | **MM** | | **AAAA** | | **DD** | **MM** | **AAAA** | | Cumplimiento | | |  |  | |  | |  |  |  | | Calidad del Servicio | | |  |  | |  | |  |  |  | | Calidad y correcto funcionamiento de los bienes | | |  |  | |  | |  |  |  | | Salarios y Prestaciones Sociales | | |  |  | |  | |  |  |  | | Responsabilidad Civil Extracontractual | | |  |  | |  | |  |  |  | | Estabilidad de la Obra | | |  |  | |  | |  |  |  | | **Verificación de condiciones de disposición final o recuperación ambiental de las obras o bienes**  **(solo cuando aplique)** | | | | | | | | | | | | Cumple  No cumple | | | | | | | | | | | | **El expediente se encuentra completo** | | | | | | | | | | | | Cumple  No cumple  Observaciones: | | | | | | | | | | |   Para efectos de lo anterior se suscribe a los: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Nombre supervisor (a)**  Cargo supervisor (a)  Elaboró: (Nombre completo - Cargo de la persona la Subdirección u Oficina que elaboró la constancia)  Revisó: (Nombre completo - Cargo de la persona de la Subdirección u Oficina que revisó la constancia)  Vo. Bo. Jurídica: (Nombre responsable Oficina Asesora Jurídica) |

1. De conformidad con lo establecido en el artículo 2.2.1.1.2.4.3 del Decreto 1082 de 2015. [↑](#footnote-ref-1)