ORDER FORM FOR THE PROVISION OF INSURANCE AND RISK MANAGEMENT ADVICE AND SUPPORT - CONTRACT CHILD PURCHASE AGREEMENT NUMBER - 701577625-1

| Part 1 - Request for Quotation - To be completed by MOD Sponsor |
|---|
| Description of insurance support task requirement: |
| |
| Description of insurance support task requirement: |
| DEDACTED HINDER FOLLEYEMDTION |
| Dstl's REDACTED UNDER FOI EXEMPTION insurance policy is due for renewal, we require renewal of our policy for |
| the year 2022/2023 to include all the core activities that are performed in Dstl: |
| REDACTED UNDER FOI EXEMPTION |
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| Please see separate report for the breakdown of figures against each of the core |
| activities. |
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| |
| Please could we have appropriate cover for the below : |
| Durface the Leavette OF 000 000 |
| Professional Indemnity £5,000,000 |
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| Output required: |
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| |
| Please see separate report for the breakdown of figures against each of the core |
| activities as described above |
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| |
| Period of Task: |
| The task is to commence on 07 / 10 /2022 and be completed by 06 / 10 /2023 |
| MOD Sponsor: |
| PERMATER UNIDER FOLLOWING |
| REDACTED UNDER FOI EXEMPTION Signed: Appointment: |
| пропинент при |

Name: (block capitals)

Address:

EDACTED UNDER FOI EXEMPTION

REDACTED UNDER FOI EXEMPTION

Date: 11/10/2022 Telephone No:

DACTED UNDER FOI EXEMPTIO

Part 2 - Quotation - Insurance/risk management advise and support - To be completed by Willis

Quotation for carrying out the work detailed in Part 1:

Willis Associate 701577625 Rate Price - hourly rate

Estimated

Total

number of hours

Sub-total £

Grand-total £

Part 3 - Quotation - Insurance Premium(s) and Insurance Premium Tax (as applicable to relevant MOD requirements) - To be completed by Willis

<u>Description of premium(s) and Insurance Premium Tax (including period of cover and cost):</u>

Professional Indemnity insurance - Non Life Sciences £24,900.38

Willis Fee

EDACTED UNDER FOI EXEMPTION

All Insurance premiums above include Insurance Premium Tax at 12%

| Part 4 - Budgetary Approval - To be completed by Budget Manager | | | | | | | |
|--|------------|--|--|--|--|--|--|
| I confirm that finance is available for this requirement and that the cost will be met by my budget: | | | | | | | |
| UIN: | RAC: | | | | | | |
| TLB/HLB: Dstl | £24,900.38 | | | | | | |

Budget Manager:

REDACTED UNDER FOI EXEMPTION

Part 5 - Endorsement and 701577625-1 Order Number - To be completed by Willis

| Willis confirms that the above tasks are 701577625. | in accordance with the Contract and the prices as detailed in | | | | | |
|---|---|--|--|--|--|--|
| REDACTED UNDER FOI EXEMPTION | Appointment: | | | | | |
| | Address: REDACTED UNDER FOI EXEMPTION | | | | | |
| Date:11/10/2022 | Telephone No: | | | | | |
| MOD CONTRACT NUMBER 701577625-1 ORDER NUMBER – 123 | | | | | | |
| | | | | | | |

ANNEX C Dated

PROCEDURE FOR 701577625-1 (MOD INSURANCE, RISK MANAGEMENT ADVICE AND SUPPORT) ORDER FORM COMPLETION AND AUTHORISATION

MOD UNIT/ESTABLISHMENT

Statement of Requirement: Complete Part 1 and send Form to Willis

<u>Authority to Process</u>: Once Form returned from Willis: Complete Part 4 and return Form back to Willis (on receipt of Order Number raise SPO and receipt invoice) and send to DBS

WILLIS

Complete Part 2 and as appropriate relative to any commercial insurance policy placement Part 3 and return Form to MOD Unit/Establishment

WILLIS

- Allocation of 701577625-1 Order Number
- Endorsement by completion of Part 5
- Raise a monthly tasking return for SPO CIDU CLCP Policy

| • | Provide a monthly management information return to CCS/Def Commercial |
|------------|--|
| <u>DBS</u> | |
| | payment to Willis on CP&F (or successor payment system) on authorisation of ee by MOD Unit/Establishment |

ANNEX D

Dated

MONTHLY TASKING RETURN TABLE CONTRACT NUMBER - 701577625-1

Month:

Year:

| MOD Sponsor | MOD Sponsor Contact Details | MOD Financial Approver Contact Details (including UIN & RAC) | Description of 701577625-1 (MOD Brokerage) task(s) | Quotation Cost (Part 2 of Order Form) | Quotation Cost (Part 3 of Order Form) | Total Cost (Part 2 and Part 3) | 701577625-1 (MOD Brokerage) Order Number |
|----------------|--------------------------------------|--|---|---|--|---|--|
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