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:		
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		
REDACTED UNDER FOI EXEMPTION		
Please could we have appropriate cover for the below :		
Employers Liability £10,000,000 Public Liability £5,000,000 Professional Indemnity £5,000,000 Products £5,000,000		
Output required:		
Please see separate report for the breakdown of figures REDXGTED UNDER FOR EXEMPTION against each of the core activities as described above		
Deriod of Tools		
Period of Task: The task is to commence on 27 / 07 /2022 and be completed by 26 / 07 /2023		
MOD Sponsor:		

Signed:

Appointment:

Name: (block capitals)

Address:

Date: 21/06/2022 Telephone No:

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

Quotation for carrying out the work detailed in Part 1:

DACTED UNDER FOI EXEMPT

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

Description of premium(s) and Insurance Premium Tax (including period of cover and cost):

Public Products & Professional Indemnity insurance REDACTED UNDER FOI EXEMPTION

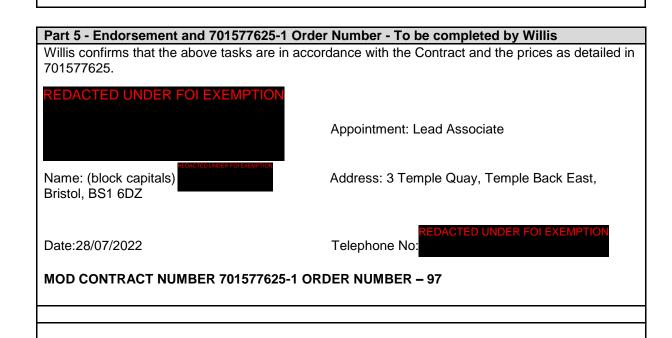
Employers Liability and

Public & Products Liability Insurance

Willis Fee

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	£67,453.99	
Budget Manager:		
Signed: REDACTED UNDER FOI EXEMPTION Appointment: REDACTED UNDER FOI EXEMPTION		
Name: (block capitals) REDACTED UNDER FOI EXEMPTION		



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