ORDER FORM FOR THE PROVISION OF INSURANCE AND RISK MANAGEMENT ADVICE AND SUPPORT - CONTRACT CHILD PURCHASE AGREEMENT NUMBER -
REDACTED under FOI

Part 1 - Request for Quotation - To be completed by MOD Sponsor
Description of insurance support task requirement:

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REDACTED under FOI insurance policy is due for renewal, we require renewal of our policy for the year 2024/2025 REDACTED under FOI

REDACTED under FOI

REDACTED under FOI

Please could we have appropriate cover for the below :

REDACTED under FOI

Output required:

REDACTED under FOI

Period of Task:

The task is to commence on REDACTED under FOI and be completed by REDACTED under FOI

MOD Sponsor: Dstl

Signed: REDACTED under FOI	Appointment: REDACTED under FOI
Name: (block capitals)	Address: REDACTED under FOI
REDACTED under FOI	
Date: REDACTED under FOI	Telephone No: REDACTED under FOI

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   Price - REDACTED under FOI Estimated   Total
REDACTED under FOI   number of hours

Sub-total £

Grand-total £81,400.34

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):

REDACTED under FOI

REDACTED under FOI

REDACTED under FOI

REDACTED under FOI

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	£81,400.34

Budget Manager:

REDACTED under FOI
Signed:
Appointment: REDACTED under FOI

REDACTED under FOI

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

Willis confirms that the above tasks are in accordance with the Contract and the prices as detailed in REDACTED under FOI

Signed: REDACTED under FOI
 for Willis

Appointment: REDACTED under FOI

Name: (block capitals)

Address: REDACTED under FOI

Date: REDACTED under FOI

Telephone No: REDACTED under FOI

MOD CONTRACT NUMBER REDACTED under FOI