

**ORDER FORM FOR THE PROVISION OF INSURANCE AND RISK MANAGEMENT
ADVICE AND SUPPORT - RM3731 LOT 4 (MOD BROKERAGE) CONTRACT
NUMBER - CCFI16A05**

[illegible]

Signed: [REDACTED]	Appointment:
Name: [REDACTED]	Address:
Date: 17/09/2021	Telephone No: [REDACTED]

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

Quotation for carrying out the work detailed in Part 1:

<u>Willis Associate</u>	<u>Price - hourly rate</u>	<u>Estimated</u>	<u>Total</u>
<u>CCFI16A05 Rate</u>		<u>number of hours</u>	

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

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

Public Products & Professional Indemnity insurance - [REDACTED] [REDACTED]

Employers Liability and Non-[REDACTED] Public & Products Liability Insurance [REDACTED]

Non Life Science Professional Indemnity [REDACTED]

Willis Fee [REDACTED]

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: [REDACTED]

£

Budget Manager (approval email in file)

Signed: [REDACTED]

Appointment: Commercial Manager

Name: (block capitals) [REDACTED]

Address: [REDACTED]

Date:

Telephone No: [REDACTED]

Part 5 - Endorsement and CCFI16A05 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 CCFI16A05.

Signed:
for Willis

Appointment: Lead Associate

Name: (block capitals) [REDACTED]

Address: [REDACTED]
[REDACTED]

Date: 01/10/2021

Telephone No: [REDACTED]

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