|  |  |
| --- | --- |
| Commercial Directorate | |
| DVLA  Longview Road  Morriston  Swansea SA6 7JL | |
|  |  |
| www.gov.uk/browse/driving | |
| @dvlagovuk | |
| Your ref: | RM6323 |
| Our ref: | PS/24/13 |
| Date: | 04/03/2024 |

XXXXXX redacted under FOIA section 40

Gallagher

The Walbrook Building,

London

EC4N 8AW

**CONTRACT REFERENCE NUMBER: PS/24/13**

**CONTRACT TITLE: Provision of Insurance Brokerage**

**FRAMEWORK REFERENCE NUMBER: RM6323**

**PROPOSED CONTRACT AWARD – SUBJECT TO CONTRACT**

Dear XXXXXX redacted under FOIA section 40,

This letter advises you that the Secretary of State for Transport proposes to accept your quotation dated 20/02/2024.

This is without prejudice to the right of the Secretary of State for Transport to abandon the procurement, cancel the award procedure or suspend awarding the contract for any reason without any liability to any bidder.

The price for this contract is estimated at £19,500. This comprises estimated costs of £1,500 fee for Life Insurance, £4,000 fee for Motor Insurance (variable – 10% of premium) £1,000 fee for Personal Accident (variable – 20% of premium). Fees will be subject to AWE increase at the end of each year.

The contract runs from **05/03/2024** and ends on **31/03/2027**. There is an option for a 12-month extension included.

The terms and conditions of the contract comprise the following:

1. Framework Schedule 6 Order Form Template and Associated Schedules – Signed version below:

XXXXXX redacted under FOIA section 40

1. This Award Letter
2. The quotation thread embedded below:

XXXXXX redacted under FOIA section 40

1. Specification Document

XXXXXX redacted under FOIA section 40

**ACTIONS FOR YOU NOW**

Please complete and return, via e-mail, the Supplier Details form at Annex A.

As stated in the specification, this contract will require the successful tenderer to process Government data on DVLA’s behalf. Prior to formal award and before any data processing can commence in relation to this contract, you are required to complete and return the Statement of Assurance Questionnaire (SoAQ). The SoAQ was issued previously as part of the invitation to quote. Completion of the questionnaire will help to satisfy DVLA that its data will be appropriately protected and will allow us to award the contract at the earliest opportunity.

Please complete the form and return by 13/03/2024, i.e. 7 working days from date of this letter for assessment by our Information Assurance & Governance team.

**SUMMARY**

To summarise, the Department for Transport intends to accept your quote but at the present time is unable to formally do so until we have completed the actions outlined in this letter. The information contained within this letter is considered confidential for the duration of this activity and should not be shared any wider without the written authorisation of the undersigned.

Yours sincerely,

|  |
| --- |
| XXXXXX redacted under FOIA section 40 |
| Commercial Advisor |
| Commercial Directorate |
| XXXXXX redacted under FOIA section 40 |

**By authority of the Secretary of State for Transport**

Accepted for and on behalf of Gallagher by:-

Signature:

Name:

Capacity:

Date:

Annex A

|  |  |
| --- | --- |
| **SUPPLIER DETAILS** | |
| **Supplier Name** |  |
| **Supplier Address** |  |
| **Post Code** |  |
| **Country** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Account Manager Name** |  |
| **Account Manager Email** |  |
| **Would you like Purchase Orders and Remittance advice notes via email? Y/N** |  |
| **Business Email:** *(if not Basware enabled, this is the address purchase orders and remittance advice notes will be sent)* |  |
| **UK VAT Registered? Y/N** |  |
| **UK VAT Registration Number** |  |
| **If Non-UK Supplier, is Supply Type**  *Goods or Services?* |  |
| **DUNS Number** |  |
| **BANK DETAILS** | |
| **Type of Account – Bank or Building Society?** |  |
| **Confirm if account is - Business or Personal** |  |
| **Bank/Building Society Name** |  |
| **Supplier’s Bank/Building Society Account Name** *(if different to Supplier Name)* |  |
| **Sort Code** |  |
| **Account Number** |  |
| **Building Society Roll Number** *if applicable* |  |
| **IBAN (international bank account number)** *If applicable* |  |
| **SWIFT/BIC (International Bank Code)** *if applicable* |  |
| **CONSTRUCTION INDUSTRY TAX DEDUCUTION SCHEME – if applicable** | |
| **Address of Registered Office** |  |
| **Company Registered Number** |  |
| **Subcontractor Tax Certificate Type** |  |
| **Subcontractor Tax Certificate Number** |  |
| **Date of Expiry of the Tax Certificate** |  |