

RISK ASSESSMENT OR MODIFICATION OF INSURANCE TERMS

**Use this form to request a Risk Assessment and determine Proper Insurance Requirements
when developing an RFP-RFB, RFI or Contract/Agreement**

DATE SUBMITTED: 9/19/19

TO: CEO/Risk Management/600 W. Santa Ana Blvd., Suite 105 Fax: 714-285-5599
or e-mail this form to RiskMgmtInsurance@ocgov.com with Scope of Work and Contract/Agreement Insurance Provisions. **If this is a renewal, attach prior Risk Management Approval(s).**

FROM: Mallorie Lenn SSA- Contracts & Procurement
County Employee (Contact For Questions) County Department

| | | |
|------------------------------------|--------------------------|------------------------|
| <u>Mallorie.Lenn@ssa.ocgov.com</u> | <u>714-541-7470</u> | <u>714-541-7414</u> |
| County E-Mail Address | Phone # (inc. area code) | Fax # (inc. area code) |

Note: The above action is advisory to departments as to risk assessment and protection. Any change in a current contract/agreement requires formal modification unless contract/agreement specifically delegates to County Risk Manager authority to modify insurance requirements.

CONTRACT TYPE: ☐ Commodities ☐ Public Works ☐ Service ☒ Human Services

☐ Consultant Svcs. ☐ Fixed Asset ☐ A & E ☐ Other

Vendor Name: Children's Home Society of CA (CHS) Contract ID/RFP I.D. Number: CML0420

Bid: YES ☒ NO ☒ Contract Amount: \$3,626,753

Insurance Type To Be Reviewed for Waiver or Modification of Terms

- | | | |
|--|---|---|
| <input type="checkbox"/> Commercial General Liability | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Property Insurance |
| <input type="checkbox"/> Commercial Auto Liability | <input type="checkbox"/> Employer's Liability | <input type="checkbox"/> Sexual Misconduct |
| <input type="checkbox"/> Contractual Liability | <input checked="" type="checkbox"/> Other Worker's Comp Waiver of Subrogation | |
| <input type="checkbox"/> Indemnification | | |
| <input type="checkbox"/> Professional Liability (Errors & Omissions) | <input type="checkbox"/> Limitation of Liability | |

Request and Justification: (add another page if necessary)

Requesting to remove Worker's Compensation waiver of subrogation as Contractor will not be performing
services on County property. Services are for the distribution of child care vouchers to child care providers.

This is a new Contract.

To Be Completed By CEO/Risk Management

☒ Approved

☐ Denied

☐ Approved as Modified

Comments: No services provided on County property.

Mark Mustaff
Manager/CEO/Risk Management

9/25/19
Date