

# 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:** 9/26/19

**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:** CML0920

**Bid:** YES ☐ NO ☒      **Contract Amount:** \$889,395

## 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	

☐ Indemnification

☐ Professional Liability (Errors & Omissions)      ☐ 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 Bridge Program child care navigator and trauma-informed

training and coaching services. Current contract and Minute Order/ASR attached, no other insurance

requests at this time.

**To Be Completed By CEO/Risk Management**

☒ Approved

☐ Denied

☐ Approved as Modified

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Manager/CEO/Risk Management

\_\_\_\_\_  
Date

9-30-19