

**RISK ASSESSMENT OR MODIFICATION OF INSURANCE TERMS**

Use this form to request a Risk Assessment and determine Proper Insurance Requirements when developing an Agreement. **\*\*Please attach Agreement and prior Risk Approval(s) if any\*\***

Date: February 23, 2023

TO: [RiskMgmtInsurance@ocgov.com](mailto:RiskMgmtInsurance@ocgov.com)

FROM: Karen D. Leland County Employee (Contact for Questions) Phone# (Including area code): 714.834.5832  
HCA - Procurement and Contract Services County Department

CONTRACT TYPE:  Commodities  Public Works  Service  Lease/License

A & E  Other \_\_\_\_\_

Vendor Name: Equity and Impact Solutions, LLC Contract#/RFP#: MA-042-23010939

IFB: Yes  No  Contract Amount: \$175,000

**Insurance Type to be Reviewed for Waiver or Modification of Terms**

- Commercial General Liability (CGL)  Workers' Compensation (W/C)  Property Insurance
- Commercial Auto Liability (AL)  Employer's Liability  Indemnification
- Professional Liab. (Errors & Omissions)  Sexual Misconduct  Limitation of Liab.
- Network Security & Privacy Liab.  Technology Error & Omissions
- Other \_\_\_\_\_

**Request and Justification:** Request waiver of WC coverage. Equity and Impact Solutions, LLC (EIS) does not have any staff (Add another page if necessary) other than the owner of the LLC. A Request for Wavier of Workers' Compensation Insurance Request form has been completed by EIS and is attached to this Risk Assessment or Modification form.

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

Approved

Denied

Approved as Modified

Comments: Contractor does not have any employees.

\_\_\_\_\_

\_\_\_\_\_

**Calvin Wong**

Digitally signed by Calvin Wong  
DN: cn=Calvin Wong, o=County of Orange,  
ou=CEO/Risk Management,  
email=calvin.wong@ocgov.com, c=US  
Date: 2023.02.23 14:04:06 -0800

2/23/2023

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

\_\_\_\_\_  
Date

**Note:** CEO Risk Mgmt. acts as an advisory to departments regarding Risk Assessment. Any changes to a contract requires formal modification.