

**RISK ASSESSMENT OR MODIFICATION OF INSURANCE TERMS**

Use this form to request a risk assessment and determine proper insurance requirements when developing a contract. **\*\*Please attach contract and prior Risk Management approval(s) if any\*\***

DATE: 10/30/2025

TO: RiskMgmtInsurance@ocgov.com

FROM: Leanne Yuasa

(714) 245-6074

CEO/SSA Contract Services

County Employee

Phone #

County Department

**CONTRACT TYPE**

<input type="checkbox"/> Commodities	<input type="checkbox"/> Public Works	<input checked="" type="checkbox"/> Services
<input type="checkbox"/> Lease/License	<input type="checkbox"/> A & E	<input type="checkbox"/> Other

Vendor Name: Orange County In-Home Supportive Services Public Authority

IFB:  Yes  No Contract or RFP #: MA-063-25011636 Contract Amount: Non-financial**Insurance Type to Reviewed for Waiver or Modification of Terms**

<input checked="" type="checkbox"/> Commercial General Liability (CGL)	<input checked="" type="checkbox"/> Workers' Compensation (W/C)	<input type="checkbox"/> Property Insurance
<input checked="" type="checkbox"/> Commercial Auto Liability (AL)	<input checked="" type="checkbox"/> Employer's Liability	<input type="checkbox"/> Indemnification
<input type="checkbox"/> Professional Liab. (Errors & Omissions)	<input checked="" type="checkbox"/> Sexual Misconduct	<input type="checkbox"/> Limitation of Liability
<input checked="" type="checkbox"/> Network Security & Privacy Liab.	<input type="checkbox"/> Technology Error & Omissions	<input type="checkbox"/> High Risk
<input checked="" type="checkbox"/> Other: _____		

**Request and Justification (add another page if necessary):**

This is a non-financial MOU with the vendor for the administration of In-Home Supportive Services (IHSS). In addition, this MOU sets forth the guidelines authorized by both the Social Services Agency Director and IHSS Public Authority, for their respective employees to follow in providing services. This MOU has non standard insurance language, which include responsibilities for County of Orange Auditor-Controller to process payment requests for invoices related to insurance premiums payable by IHSS Public Authority and CEO Risk Management to obtain a policy or policies of insurance on behalf of IHSS Public Authority based on the Risk Assessment.

**To Be Completed by CEO/Risk Management** Approved Denied Approved as Modified**Comments**

MOU does not contain insurance as CEO Risk Management procures the insurance on IHSS's behalf as part of the County's responsibilities in the MOU.

CEO/Risk Management:  DocuSigned by:  
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Date: 10/31/2025

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