

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: 2/6/26

TO: RiskMgmtInsurance@ocgov.com

FROM: Desiree Mor

(714) 541-7468

Contracts 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: PUBLIC CONSULTING GROUP LLC

IFB: Yes No

Contract or RFP #: AMR0121

Contract Amount: \$1,344,000

Insurance Type to Reviewed for Waiver or Modification of Terms

<input type="checkbox"/> Commercial General Liability (CGL)	<input type="checkbox"/> Workers' Compensation (W/C)	<input type="checkbox"/> Property Insurance
<input type="checkbox"/> Commercial Auto Liability (AL)	<input 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 type="checkbox"/> Network Security & Privacy Liab.	<input type="checkbox"/> Technology Error & Omissions	<input type="checkbox"/> High Risk
<input type="checkbox"/> Other: _____		

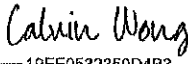
Request and Justification (add another page if necessary):

PCG currently holds Sexual Molestation coverage under a claims made coverage policy although the requirement under the contract is per occurrence. Contractor would like to participate in CPO's Cost Reduction program and enter an Amendment to renew for an additional one-year term; however, they have advised that the requirement to provide the SML coverage with per occurrence is cost-prohibitive. Please see attached and advise if RM will accept Contractor's provided insurance coverage.

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

Acceptable as services are adults only and the insurance market is not supporting per occurrence coverage. It is either not offered or comes with a cost not acceptable to policyholders.

CEO/Risk Management:

DocuSigned by:

 19EE0532350D4B3...

Date: 2/20/2026

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

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: 10/10/25

TO: RiskMgmtInsurance@ocgov.com

FROM: Leanne Yuasa

(714) 245-6074

SSA Contracts Services

County Employee

Phone # (including area code)

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: Public Consulting Group LLC (PCG)

IFB: Yes No

Contract or RFP #: AMR0121

Contract Amount: \$1,344,000

Insurance Type to Reviewed for Waiver or Modification of Terms

<input type="checkbox"/> Commercial General Liability (CGL)	<input type="checkbox"/> Workers' Compensation (W/C)	<input type="checkbox"/> Property Insurance
<input checked="" type="checkbox"/> Commercial Auto Liability (AL)	<input type="checkbox"/> Employer's Liability	<input type="checkbox"/> Indemnification
<input type="checkbox"/> Professional Liab. (Errors & Omissions)	<input 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 type="checkbox"/> Other		

Request and Justification (add another page if necessary):

For AL, requesting approval to waive requirement for owned autos. PCG has confirmed via email attached they do not have any scheduled or owned autos.

For NSPL, requesting approval for retention amount of \$500,000 for NSPL policy. Most recent financial documents enclosed.

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

AL and NSPL SIR approved.

CEO/Risk Management:  DocuSigned by:
19EE0532350D4B3...

Date: 10/10/2025

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