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: 5/22/24

TO: RiskMgmtInsurance@ocgov.com

FROM: Lorena Watt — Sheriff-Coroner Department

County Employee (Contact for Questions) — County Department

Phone# (Including area code): 714-834-2214

CONTRACT TYPE: ☐ Commodities ☐ Public Works ☒ Service ☐ Lease/License

☐ A & E ☐ Other _____

Vendor Name: _____ Contract#/RFP#: SA-080-24FT

IFB: Yes ☐ No ☒ Contract Amount: $1,035,000

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: Review state's non-standard provisions 24-25 State of California , 32nd District of Agricultural Association. Mutual Indemnification is appropriate as Sheriff will provide security on state property. Terms of service: July 14, 2024 through August 20, 2024 - Law Enforcement Services at OC Fair 2024.

(Add another page if necessary)

To Be Completed By CEO/Risk Management

☒ Approved ☐ Denied ☐ Approved as Modified

Comments: Mutual Indemnification and County providing evidence of insurance is acceptable as state is retaining OCSD services.

DocuSigned by:
Calvin Wong
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Manager/CEO/Risk Management

05/22/2024
Date

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