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 County Employee (Contact for Questions) Phone# (Including area code):714-834-2214 Sheriff-Coroner Department County Department
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 (Add another page if necessary) 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.
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:
Manager/@ESTRISE Management O5/22/2024 Date
Note: CEO Risk Mgmt. acts as an advisory to departments regarding Risk Assessment. Any changes to a contract requires formal modification.