

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: 7/12/2021

TO: RiskMgmtInsurance@ocgov.com

FROM: Christina Morales

Registrar of Voters

County Employee (Contact for Questions)

County Department

Phone# (Including area code): 714-567-5169

CONTRACT TYPE: Commodities Public Works Service Lease/License

A & E Other _____

Vendor Name: DMT Solutions Global Corporation

Contract#/RFP#: MA-031-21011546

IFB: Yes No

Contract Amount: NTE \$964,142.46

Insurance Type to be Reviewed for Waiver or Modification of Terms

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

Request and Justification: Please review and approve the attached DMT Solutions Global Corporation DBA BlueCrest

(Add another page if necessary)

contract for hardware maintenance on DMT sorters, inserter, and server and software licensing and maintenance. This contract

has been approved previously with the addition of "third parties" to the indemnity provision.

To Be Completed By CEO/Risk Management

Approved

Denied

Approved as Modified

Comments: _____


Manager/CEO/Risk Management

Date

7-12-21

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