

**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: 06/13/18

TO: RiskMgmtInsurance@ocgov.com

FROM: Sheila Refoy

HCA

County Employee (Contact for Questions)

County Department

Phone# (Including area code): 714-834-5326

**CONTRACT TYPE:**  Commodities  Public Works  Service  Lease/License

A & E  Other MOU

Vendor Name: CalOptima

Contract#/RFP#: N/A

IFB: Yes  No

Contract Amount: N/A

**Insurance Type to be 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 checked="" type="checkbox"/> Indemnification |
| <input type="checkbox"/> Professional Liab. (Errors & Omissions)       | <input type="checkbox"/> Sexual Misconduct                      | <input type="checkbox"/> Limitation of Liab.        |
| <input type="checkbox"/> Network Security & Privacy Liab.              | <input type="checkbox"/> Technology Error & Omissions           |   |
| <input type="checkbox"/> Other _____                                   |   |   |

**Request and Justification:** The attached Agreement (MOU) is between HCA and CalOptima for participation in an Inter-  
(Add another page if necessary)

governmental Transfer (IGT) opportunity with the State to receive reimbursement for uncompensated health care provided

to Medi-Cal patients. This agreement is solely for the IGT and does not require either party to provide actual services to clients

which is covered under a separate agreement previously approved by the Board.

**To Be Completed By CEO/Risk Management**

Approved

Denied

Approved as Modified

Comments: MUTUAL INDEMNIFICATION IS ACCEPTABLE AS TWO PUBLIC ENTITIES INVOLVED AND THIS IS A FINANCIAL AGREEMENT. NO INSURANCE REQUIRED.

Phonix Marshall  
Manager/CEO/Risk Management

6/14/18  
Date

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