

RISK ASSESSMENT OR MODIFICATION OF INSURANCE TERMS

**Use this form to request a Risk Assessment and determine Proper Insurance Requirements
when developing an RFP-RFB, RFI or Contract/Agreement**

DATE SUBMITTED: 7/6/2021

TO: CEO/Risk Management/600 W. Santa Ana Blvd., Suite 105 Fax: 714-285-5599
or e-mail this form to RiskMgmtInsurance@ocgov.com with Scope of Work and Contract/Agreement
Insurance Provisions. **If this is a renewal, attach prior Risk Management Approval(s).**

FROM: Tyrone Waiters OCSD Purchasing
County Employee (Contact For Questions) County Department

<u>twaiters@ocsheriff.gov</u>	<u>714-834-4385</u>	<u>N/A</u>
County E-Mail Address	Phone # (inc. area code)	Fax # (inc. area code)

Note: The above action is advisory to departments as to risk assessment and protection. Any change in a current contract/agreement requires formal modification unless contract/agreement specifically delegates to County Risk Manager authority to modify insurance requirements.

CONTRACT TYPE: ☐ Commodities ☐ Public Works ☒ Service ☐ Human Services

☐ Consultant Svcs. ☐ Fixed Asset ☐ A & E ☐ Other _____

Vendor Name: Axon Enterprise Inc **Contract ID/RFP I.D. Number:** MA-060-21011432

Bid: YES ☐ NO ☒ **Contract Amount:** \$12,728,077.27

Insurance Type To Be Reviewed for Waiver or Modification of Terms

<input type="checkbox"/> Commercial General Liability	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Property Insurance
<input type="checkbox"/> Commercial Auto Liability	<input type="checkbox"/> Employer's Liability	<input type="checkbox"/> Sexual Misconduct
<input type="checkbox"/> Contractual Liability	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Indemnification
<input type="checkbox"/> Professional Liability (Errors & Omissions) <input type="checkbox"/> Limitation of Liability		

Request and Justification: (add another page if necessary)

Contractor added negligent acts errors or omissions to the ideminfication clause cover defective

product/services claims.

To Be Completed By CEO/Risk Management☒ Approved☐ Denied☐ Approved as Modified

Comments: _____

Calvin Wong

Manager/CEO/Risk Management

7/6/21

Date