

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: 3/25/2021

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: ANGELA SHIM

HCA

County Employee (Contact For Questions)

County Department

ASHIM@OCHCA.COM

714-834-3583

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: CHORUS INNOVATIONS, INC. **Contract ID/RFP I.D. Number:** MA-042-21011323

Bid: YES ☐ NO ☒ **Contract Amount:** \$4,000,000

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 checked="" type="checkbox"/> Limitation of Liability | |

Request and Justification: (add another page if necessary)

Contractor has requested the following additions to the the sole source contract's standard County Terms and

Conditions: 1) Additional provision "S. Confidentiality" includes an indemnification provision. This item

has been discussed by Contractor, County counsel, and Behavioral Health Services and approved. Risk

approval is needed. 2) Additional provision "Limitation of Liability" has been discussed and approved by all

Parties. Risk approval is needed. See next page for added provisions.

To Be Completed By CEO/Risk Management☒ Approved☐ Denied☐ Approved as ModifiedComments: PRA referenced in contract.County not exposed to punitive damage:
Manager/CEO Risk Management3/26/2021

Date