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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: 8/8/2019

TO: CEO/Risk Management/600 W. Santa Ana I or e-mail this form to RiskMgmtInsurance@	ocgov.com with Scope of Wor	
Insurance Provisions. If this is a renewal, a FROM: Molly Yriarte County Employee (Contact For Questions)	Registrar of Voters County Department	
Molly.Yriarte@rov.ocgov.com County E-Mail Address	714-567-5126 Phone # (inc. area code)	N/A Fax # (inc. area code)
Note: The above action is advisory to departments as to contract/agreement requires formal modification unless authority to modify insurance requirements.		
CONTRACT TYPE: Commodities Public Wo	orks⊠ Service⊡ Human Serv	rices
Consultant Svcs. Fixed Asset A & E	Other	
Vendor Name: Hart InterCivic Inc.	Contract ID/RFP I.D. Number	er: MA-031-20010105
Bid: YES∑ NO Contract Amount: \$16,500	,000.00	
Insurance Type To Be Reviewed ☐ Commercial General Liability ☐ Commercial Auto Liability ☐ Contractual Liability ☐ Professional Liability (Errors & Omissions) Request and Justification: (add another page if necessare This contract will be provided via 3 rd party delive	☐ Workers' Compensation ☐ Employer's Liability ☐ Other ☐ Limitation of Liability (Property Insurance Sexual Misconduct Indemnification
Indemnification and LOL have been previously a	pproved by Risk Mgmt and the	Board of Supervisors in
2008, 2010, 2012, 2014, 2016, 2017 and 2019. Please see attached documents.		
To Be Completed By CEO/Risk Management		
☐ Approved ☐ Den	11	oved as Modified
Comments: Same indimnity and tol provisions os in Prior contracts. Lorgare Standard in Software		
	Standard in sof	tuare
Physiq muchall	814	ils a
Manager/CEO/Risk Management	Date	1.