

# 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:** 6/2/2021

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

**FROM:** Jessica Castaneda      HCA / Contract Services  
County Employee (Contact For Questions)      County Department

<u>JCastaneda@ochca.com</u>	<u>(714) 834-3115</u>	<u>(714) 834-4450</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 Master Professional Svcs. Agreement

**Vendor Name:** Various Contract Employees ASR#21-000252    **Contract ID/RFP I.D. Number:** \_\_\_\_\_

**Bid:** YES ☐ NO ☒    **Contract Amount:** \_\_\_\_\_

## 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)

This is the annual renewal of the HCA Professional Services Master Agreement. Approaval of non-standard indemnification is appropriate because all of the positions are filled by State licensed individuals who work at HCA clinics and facilities under immediate supervision and direction of HCA management and staff.

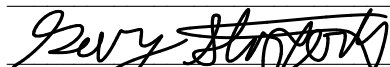
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**To Be Completed By CEO/Risk Management**☒ Approved☐ Denied☐ Approved as Modified

Comments: \_\_\_\_\_

\_\_\_\_\_

  
Manager, CEO/Risk Management

6/15/2021

Date