

# 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:** 8/17/22

**TO:** [RiskMgmtInsurance@ocgov.com](mailto:RiskMgmtInsurance@ocgov.com)

**FROM:** Robert Balma

Probation

County Employee (Contact for Questions)

County Department

Phone# (Including area code): 714 645-7112

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

☐ A & E ☒ Other MOU

Vendor Name: Superior Court of California

Contract#/RFP#: \_\_\_\_\_

IFB: Yes ☐ No ☐

Contract Amount: \$6,541,547

## Insurance Type to be Reviewed for Waiver or Modification of Terms

- |                                                                  |                                                       |                                                     |
|------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Commercial General Liability (CGL)      | <input type="checkbox"/> Workers' Compensation (W/C)  | <input type="checkbox"/> Property Insurance         |
| <input type="checkbox"/> Commercial Auto Liability (AL)          | <input 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 MOU contains mutual indemnification language. Please review and approve.

(Add another page if necessary)

## To Be Completed By CEO/Risk Management

☒ Approved

☐ Denied

☐ Approved as Modified

Comments: Mutual indemnification for its own negligent acts and willful misconduct in line with prior agreements.  
No insurance as each party is highly self insured.

Calvin Wong  
Manager/CEO/Risk Management

08/17/2022  
Date

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