

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: 2/25/2015

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: Charles Hart HCA/CDM
County Employee (Contact For Questions) County Department
chhart@ochca.com 714 834-3896
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: CalOptima Contract ID/RFP I.D. Number: ASR 15-000130

Bid: YES NO Contract Amount: _____

Insurance Type To Be Reviewed for Waiver or Modification of Terms

Commercial General Liability Workers' Compensation Property Insurance
 Commercial Auto Liability Employer's Liability Sexual Misconduct
 Contractual Liability Other _____ Indemnification
 Professional Liability (Errors & Omissions) Limitation of Liability

Request and Justification: Requesting mutual indemnification as opposed to sole indemnification
(add another page if necessary) _____

Due to the mutual risk associated with this MOU in providing mental health services for the
for Orange County Medi-Cal beneficiaries, both parties believe that mutual indemnification language
in the MOU best protects each other's interests. The mutual indemnification language used has
previously been approved by Risk Management when this MOU first went to the Board on 5/22/12.

To Be Completed By CEO/Risk Management

Approved Denied Approved as Modified

Comments: Mutual indemnification is appropriate.

Shirley Brunsell 3/3/15
Manager/CEO/Risk Management Date

*emailed to agency
3/3/15 - RLM*