

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: 2/3/2023

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: William Mo - SSA Contract Services Social Services Agency
County Employee (Contact For Questions) County Department

<u>William.Mo@ssa.ocgov.com</u>	<u>714-541-7788</u>	<u>714-541-7414</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

Vendor Name: CA Dept of Child Support Services Contract ID/RFP I.D. Number: _____

Bid: YES NO Contract Amount: Non-Financial MOU

Insurance Type To Be Reviewed for Waiver or Modification of Terms

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Commercial General Liability | <input checked="" type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Property Insurance |
| <input checked="" type="checkbox"/> Commercial Auto Liability | <input checked="" 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)
MOU is with State agency to allow SSA staff access to their database to verify information for program eligibility purposes. There are no insurance/indemnification provisions. MOU will be presented to Board to approve Agency Director to execute in late 2023 or early 2024. Need authorization from Risk Management for disclosure in ASR for the insurance deviation. Prior approval by Risk Management was granted on 9/30/20.

To Be Completed By CEO/Risk Management

Approved Denied Approved as Modified

Comments: MOU with state. County is gaining access to state data. Liability rest with County on how data is used. However State does not require Indemn or insurance which is acceptable as County is the liability.

Calvin Wong

Digitally signed by Calvin Wong
DN: cn=Calvin Wong, o=CEO Risk Management,
email=calvin.wong@ocgov.com, c=US
Date: 2023.02.06 07:36:11 -0800

2/6/2023

Manager/CEO/Risk Management

Date