

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**

DATE SUBMITTED: 7/15/2021

TO: CEO/Risk Management/600 W. Santa Ana Blvd., Suite 105 Fax: 714-285-5599
or e-mail this form to RiskMgmtInsurance@ocgov.com

FROM: Lesia Weinert
County Employee

HCA/PCS
County Department

Contact for Questions: Lesia Weinert 714-834-5244
County Employee Phone # (inc. area code)

County e-mail Address: lweinert@ochca.com

Fax Response to: _____
County Employee Fax # (inc. area code)

Note: The above action is advisory to departments as to risk assessment and protection. Any change in a current contract requires formal modification unless contract 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 21-000631
Bid: YES ☐ NO ☒

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 checked="" type="checkbox"/> Other Indemnification	
<input type="checkbox"/> Professional Liability (Errors & Omissions)		

Request and Justification: Due to the mutual risk associated with this MOU in providing mental health
(add another page if necessary) _____

services for Orange County Medi-Cal beneficiaries, both parties believe that mutual indemnification

language included in the MOU is still appropriate under the amendment to best protect each other's

interests. The mutual indemnification language was previously approved by Risk Management 05/22/12.

To Be Completed By CEO/Risk Management

☒ Approved ☐ Denied ☐ Approved as Modified

Comments: _____

Calvin Wong

Manager/CEO/Risk Management

7/19/2021

Date

Revised 10/25/07