

**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: 12/16/2020

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

FROM: Christian Abueg, Administrative Manager  
County Employee (Contact for Questions)  
Phone# (Including area code): 714-834-2214

Sheriff-Coroner Department  
County Department

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

☐ A & E ☐ Other \_\_\_\_\_

Vendor Name: Idemia Identity & Security USA LLC Contract#/RFP#: MA-060-21010012

IFB: Yes ☐ No ☒ Contract Amount: \$612,684

**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 checked="" 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 Idemia Identity & Security USA LLC contract is for the maintenance of the Automated (Add another page if necessary) \_\_\_\_\_  
Biometrics Identification System. The maintenance of this system is critical to Sheriff police custody operations. This contract contains mutual indemnification provision. County Counsel has reviewed and approved the contract. However, the contract deviates from our standard, it requires Risk Management Approval.

**To Be Completed By CEO/Risk Management**

☒ Approved

☐ Denied

☐ Approved as Modified

Comments: Indemnity provision modified to wrongful or negligent acts and limitation of  
liability tied to required insurance limits.

Rhonda Marshall

Manager/CEO/Risk Management

12-16-20  
Date

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