

# 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:** 10/10/2019

**TO:** CEO/Risk Management/600 W. Santa Ana Blvd., Suite 105 Fax: 714-285-5599  
or e-mail this form to [RiskMgmtInsurance@ocgov.com](mailto:RiskMgmtInsurance@ocgov.com) with Scope of Work and Contract  
Insurance Provisions. **If this is a renewal, attach prior Risk Management Approval(s).**

**FROM:** Kevin Clark Health Care Agency/Financial  
County Employee (Contact For Questions) County Department  
kclark@ochca.com 714-834-5994  
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 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 Standard Agreement

Vendor Name: HCA w/Dept of Health Care Svcs Contract ID/RFP I.D. Number: Agmt # 20-10191

Bid: YES ☐ NO ☒ Contract Amount: \$150,000,000

### 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 <u>Sole Indemnification of the State</u>	
<input type="checkbox"/> Professional Liability (Errors & Omissions)		

**Request and Justification:** The attached agreement contains indemnification provision that differs from  
(add another page if necessary)

County's standard. This is the State' standard sole indemnification provision which is acceptable

since the County is performing the services. Please review and approve.

Thank you.

### To Be Completed By CEO/Risk Management

☐ Approved ☐ Denied ☐ Approved as Modified

Comments: \_\_\_\_\_

\_\_\_\_\_

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Rhonda Marshall

Manager/CEO/Risk Management

12-01-20

Date