

# RISK ASSESSMENT OR MODIFICATION OF INSURANCE TERMS

Attachment D

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: 1/7/19

TO: RiskMgmtInsurance@ocgov.com

FROM: Saul Viramontes

CEO-Special Projects

County Employee (Contact for Questions)

County Department

Phone# (Including area code): 714-834-4755

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

☐ A & E ☐ Other \_\_\_\_\_

Vendor Name: State of California

Contract#/RFP#: Outreach Agreement

IFB: Yes ☐ No ☒

Contract Amount: \_\_\_\_\_

## 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 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:** Standard State sole indemnification applies and is appropriate as the County is performing the services.  
(Add another page if necessary)

## To Be Completed By CEO/Risk Management

☒ Approved

☐ Denied

☐ Approved as Modified

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



Manager/CEO/Risk Management

1/7/19  
Date

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