

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 attached Scope of Work, Agreement, and prior Risk Management Approval(s) if this is a renewal***

Date: 2/22/18TO: RiskMgmtInsurance@ocgov.comFROM: Juan CorralHCA ContractsCounty Employee (Contact for Questions)County Department

Phone# (Including area code): _____

CONTRACT TYPE: Commodities Public Works Service Lease/License

A & E Other Human Services

Vendor Name: Telecare Corporation Contract#/RFP#: _____IFB: Yes No Contract Amount: \$ _____**Insurance Type to be Reviewed for Waiver or Modification of Terms**

Commercial General Liability (CGL) Workers' Compensation (W/C) Property Insurance
 Commercial Auto Liability (AL) Employer's Liability Indemnification
 Professional Liab. (Errors & Omissions) Sexual Misconduct Limitation of Liab.
 Network Security & Privacy Liab. Technology Error & Omissions
 Other _____

Request and Justification: _____

(Add another page if necessary)

Review and approve deductible of \$250,000 for Worker's Compensation and Employer's Liability and Healthcare Professional Liability and SIR of \$250,000 for Sexual Abuse/Molestation. County partners with Telecare Corp. Agreement is for Provision of General Population Full Service Partnership Services.

To Be Completed By CEO/Risk Management

Approved Denied Approved as Modified

Comments: Vendor's financial reports are favorable.
Use 2017 Insurance Requirements if possible.

Phonda Marshall
 Manager/CEO/Risk Management

2/28/18
 Date

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