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/Agreement

DATE SUBMITTED: January 9, 2017 TO: CEO/Risk Management/600 W. Santa Ana Blvd., Suite 105 Fax: 714-285-5599 or e-mail this form to RiskMgmtInsurance@ocgov.com with Scope of Work and Contract/Agreement Insurance Provisions. If this is a renewal, attach prior Risk Management Approval(s). FROM: Frank Zuniga SSA County Employee (Contact For Questions) County Department Frank.Zuniga@ssa.ocgov.com (714) 541-7430 (714) 541-7414County 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/agreement requires formal modification unless contract/agreement 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: CSU San Bernardino Contract ID/RFP I.D. Number: CGD1217 Bid: YES NO⊠ Contract Amount: Non-Financial **Insurance Type To Be Reviewed for Waiver or Modification of Terms** Commercial General Liability Workers' Compensation Property Insurance Commercial Auto Liability Employer's Liability Sexual Misconduct Contractual Liability Indemnification Other Professional Liability (Errors & Omissions) Limitation of Liability Request and Justification: (add another page if necessary) Mutual Indemnification is appropriate. To Be Completed By CEO/Risk Management Approved Denied ☐ Approved as Modified

Manager/CEO/Risk Management

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Date