

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) 541-7414
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/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: California State University, San Diego Contract ID/RFP I.D. Number: CGD1317

Bid: YES ☐ NO ☒ Contract Amount: Non-Financial

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 self-insured | <input checked="" type="checkbox"/> Indemnification |
| <input type="checkbox"/> Professional Liability (Errors & Omissions) | <input type="checkbox"/> Limitation of Liability | |

Request and Justification: (add another page if necessary)

1) California State University, San Diego is self-insured. 2) Mutual indemnification is appropriate.

To Be Completed By CEO/Risk Management

☒ Approved ☐ Denied ☐ Approved as Modified

Comments: Self-insurance and mutual indemnification is appropriate.

Phonny Munsbach

Manager/CEO/Risk Management

1/9/17

Date