

# 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:** /20/21

**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/Agreement  
Insurance Provisions. **If this is a renewal, attach prior Risk Management Approval(s).**

**FROM:** John Parr, Manager and Contract Administrator      SSA  
County Employee (Contact For Questions)      County Department

john.parr@ssa.ocgov.com      (714) 245-6103  
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:** MECCA (Multi-Ethnic Collab of..) **Contract ID/RFP I.D. Number:** \_\_\_\_\_

**Bid:** YES ☐ NO ☒      **Contract Amount:** \$2,000,000 annually

## Insurance Type To Be Reviewed for Waiver or Modification of Terms

<input type="checkbox"/> Commercial General Liability	<input type="checkbox"/> Workers' Compensation	<input checked="" type="checkbox"/> Property Insurance
<input type="checkbox"/> Commercial Auto Liability	<input type="checkbox"/> Employer's Liability	<input checked="" type="checkbox"/> Sexual Misconduct
<input type="checkbox"/> Contractual Liability	<input type="checkbox"/> Other _____	<input type="checkbox"/> Indemnification
<input type="checkbox"/> Professional Liability (Errors & Omissions)	<input type="checkbox"/> Limitation of Liability	

**Request and Justification:** (add another page if necessary)

The HVP Agreement w/MECCA is a new Agreement. Commission on Children and Families of OC is

current provider and starting next FY, MECCA will also provide. No business or County property is

involved beyond an admin office rented by MECCA and the homes of clients. Admin staff will not interact

directly with clients and requests Sexual Misconduct only apply to subcontractors that do. Previous Risk

Waiver for the current Agreement with Commission attached for reference.

**To Be Completed By CEO/Risk Management**

☒ Approved

☐ Denied

☐ Approved as Modified

Comments: No direct contact.

  
Manager/CEO/Risk Management

4/26/2021  
Date