

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: 5/17/19

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: Pam Young Social Services Agency
County Employee (Contact For Questions) County Department

<u>Pamela.Young@ssa.ocgov.com</u>	<u>714-541-7411</u>	<u>714-541-7414</u>
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: UCI Contract ID/RFP I.D. Number: CPY0519

Bid: YES ☐ NO ☒ Contract Amount: \$402,480

Insurance Type To Be Reviewed for Waiver or Modification of Terms

<input checked="" type="checkbox"/> Commercial General Liability	<input checked="" type="checkbox"/> Workers' Compensation	<input checked="" type="checkbox"/> Property Insurance
<input checked="" type="checkbox"/> Commercial Auto Liability	<input checked="" type="checkbox"/> Employer's Liability	<input checked="" type="checkbox"/> Sexual Misconduct
<input type="checkbox"/> Contractual Liability	<input checked="" type="checkbox"/> Other SIR/Mutual Indemnification	<input type="checkbox"/>

Indemnification

☒ Professional Liability (Errors & Omissions) ☐ Limitation of Liability

Request and Justification: (add another page if necessary)

This is a two-year agreement with UCI for Consultation and Medical Evaluation Services. UCI is a public
educational institution that is self-insured. The agreement includes mutual indemnification language because
UCI requires it in all of their agreements. This same language has been previously approved by Risk
Management. UCI's legal counsel has recently requested additional changes to the mutual
indemnification/insurance provisions.

To Be Completed By CEO/Risk Management☒ Approved☐ Denied☐ Approved as Modified

Comments: UCI mandates mutual indemnity in all of
their agreements. Modified insurance requirements
for self-insurance is appropriate and acceptable.

Phonk Mustaf
Manager/CEO/Risk Management

5/21/19
Date