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: <u>4/22/2014</u>	tor Contract/Agreement			
TO:	O: 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	: Jennifer Davis	Probation Department			
Count	y Employee (Contact For Questions)	County Department			
		14-645-7026			
Contracting to the		one # (inc. area code) Fax # (inc. area code)			
Note: 'contrac authori	The above action is advisory to departments as to risk as	et/agreement specifically delegates to County Risk Manager			
3,0111	NACT TIE. COMMODICES TUDIC WORKS	Betweek Human Services			
Consultant Svcs. Fixed Asset A & E Other					
Vendor Name: Orange County Department of Education Contract ID/RFP I.D. Number: MA - 057- TBD					
Bid: YES□ NO⊠ Contract Amount: \$130,221/year YOBG-funded					
	Insurance Type To Be Reviewed for W	aiver or Modification of Terms			
Cc	ommercial General Liability Volumercial Auto Liability E	Vorkers' Compensation Imployer's Liability Other Imployer's Liability Indemnification			
Reque	ofessional Liability (Errors & Omissions) Est and Justification: (add another page if necessary) Eached document for Community Reentry Education	imitation of Liability onal Services non-standard language justification.			
Heim and Anderson al		displacement of the second			
To Be Completed By CEO/Risk Management					
N A	Approved	☐ Approved as Modified			
Comments: Mutual indempification is appropriate					
Insurance requirements provided via					
1	Innoh Monshall	4/22/11/			
Manag	ger/CEO/Risk Management	Date Page 1 of 3			

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: 4/21/2014

	Blvd., Suite 105 Fax: 714-285-5599 <u>Bocgov.com</u> with Scope of Work and Contract/Agreement attach prior Risk Management Approval(s).					
FROM: Jennifer Davis	Probation Department					
County Employee (Contact For Questions)	County Department					
jennifer.davis@prob.ocgov.com	714-645-7026					
County E-Mail Address	Phone # (inc. area code) Fax # (inc. area code)					
Note: The above action is advisory to departments as to contract/agreement requires formal modification unless authority to modify insurance requirements.	o risk assessment and protection. Any change in a current secontract/agreement specifically delegates to County Risk Manag					
CONTRACT TYPE: Commodities Public Wo	orks Service Human Services					
Consultant Svcs. Fixed Asset A & E	Other					
Vendor Name: Orange County Department of Ed	ducation Contract ID/RFP I.D. Number: MA - 057- TBD					
Bid: YES□ NO⊠ Contract Amount: \$327,000/year 75% grant funded						
Insurance Type To Be Reviewed	for Waiver or Modification of Terms					
Commercial General Liability	☐ Workers' Compensation ☐ Property Insurance					
Commercial Auto Liability Contractual Liability	☐ Employer's Liability ☐ Sexual Misconduct ☐ Other ☐ Indemnification					
	Republic					
Professional Liability (Errors & Omissions) Request and Justification: (add another page if necess See attached document.	Limitation of Liability ary)					
To Be Completed By CEO/Risk Management						
Approved Der	nied					
domments: Mutual indemnification is appropriate						
13quiriments						
and modified insurance	allowing For Stlf-insurance					
Shorty Muchall	VIDILIA					
Manager/CEO/Risk Management	Date Page 2 of 3					

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: <u>5/13/2014</u>						
то;	O: 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: Jennifer Davis		Prob	Probation Department				
Count	y Employee (Contact For Questions)	Coun	ity Department				
	jennifer.davis@prob.ocgov.com County E-Mail Address	714-645-7026 Phone # (inc. area code)	Fax # (inc. area code)				
Note: contrac	The above action is advisory to departments as to rict/agreement requires formal modification unless co- ity to modify insurance requirements.	sk assessment and protection. At					
CONTRACT TYPE: ☐ Commodities ☐ Public Works ☐ Service ☒ Human Services							
Consultant Svcs. Fixed Asset A & E Other							
Vendor Name: Orange County Department of EducationContract ID/RFP I.D. Number: MA - 057- 14011897							
Bid:	YES NO Contract Amount: \$522,055/	year 100% YOBG-funded					
C C C P:	Insurance Type To Be Reviewed for commercial General Liability commercial Auto Liability contractual Liability rofessional Liability (Errors & Omissions) est and Justification: (add another page if necessary ttached document for Drug/Alcohol & Mental	☐ Workers' Compensation ☐ Employer's Liability ☑ Other ☐ Limitation of Liability)	Property Insurance Sexual Misconduct Indemnification				
To Be Completed By CEO/Risk Management							
1 1	Approved		ved as Modified				
comments: Mutual indemnification is appropriate as							
County and OLDE are actively engaged in providing							
Phy de Marson 1							
Muna	nger/CEO/Risk Management	5//L	Page 3 of 3				