

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: 4/22/2014

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: 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 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: Orange County Department of Education Contract ID/RFP I.D. Number: MA - 057- TBD

Bid: YES ☐ NO ☒ Contract Amount: \$130,221/year YOBYG-funded

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 | <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)

See attached document for Community Reentry Educational Services non-standard language justification.

To Be Completed By CEO/Risk Management

☒ Approved ☐ Denied ☐ Approved as Modified

Comments: Mutual indemnification is appropriate
use insurance requirements provided via
e-mail.

Prunty Marshall
Manager/CEO/Risk Management

4/23/14
Date

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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

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: 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 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: Orange County Department of Education 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

<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	<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)

See attached document.

To Be Completed By CEO/Risk Management

☒ Approved ☐ Denied ☐ Approved as Modified

Comments: Mutual indemnification is appropriate

requirements
and modified insurance allowing for self-insurance.

Phonny Marshall
Manager/CEO/Risk Management

4/21/14
Date

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: 5/13/2014

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: 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 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: Orange County Department of Education Contract ID/RFP I.D. Number: MA - 057- 14011897

Bid: YES ☐ NO ☐ Contract Amount: \$522,055/year 100% YOBG-funded

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 _____	<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)

See attached document for Drug/Alcohol & Mental Health Services non-standard language justification.

To Be Completed By CEO/Risk Management

☒ Approved ☐ Denied ☐ Approved as Modified

Comments: Mutual indemnification is appropriate as
County and OCPE are actively engaged in providing
treatment services/plans.

Phonny Marshall
Manager/CEO/Risk Management

5/14/14
Date