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: 4/3/2019

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: Nicole LeMaire — HCA/CS
County Employee (Contact For Questions) — County Department

nlemaire@ochca.com	(741) 834-7603	(714) 834-4450
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: Multiple Hospitals Contract ID/RFP I.D. Number: MAHSV01MSKK24

Bid: YES ☐ NO ☒ Contract Amount:

Insurance Type To Be Reviewed for Waiver or Modification of Terms

☐ Commercial General Liability	☐ Workers' Compensation	☐ Property Insurance
☐ Commercial Auto Liability	☐ Employer's Liability	☐ Sexual Misconduct
☐ Contractual Liability	☐ Other	☒ Indemnification
☐ Professional Liability (Errors & Omissions)	☐ Limitation of Liability	

Request and Justification: (add another page if necessary)
MSN Network Hospital - Master Agreement - Mutual indemnification. Justification: HCA's MSN program is responsible for authorizing medical necessary treatment and assisting in the coordination of care with the MSN network of providers that meets the COUNTY's requirements of W&IC 17000 (those services that if left untreated would result in serious disability, serious deterioration of health, or loss of life or limb), and what services shall be deemed eligible for reimbursement under the program.

Revised 11/19/09

To Be Completed By CEO/Risk Management

☒ Approved ☐ Denied ☐ Approved as Modified

Comments: Per Agency, this is a collaborative effort so mutual indemnification is acceptable.

Manager/CEO/Risk Management

4/16/14
Date