RISK ASSESSMENT OR MODIFICATION OF INSURANCE TERMS

Use this form to request a Risk Assessment and determine Proper Insurance Requirements when developing an Agreement. **Please attach Agreement and prior Risk Approval(s) if any ** Date: 5-22-19 RiskMemtInsurance'a ocgov.com TO: AUDITOR-CONTROLLER / ADMIN FROM: ALBERT ZAVALA County Department County Employee (Contact for Questions) Phone# (Including area code): Public Works Service Lease/License Commodities CONTRACT TYPE: MA&E Other Vendor Name: AERIS ENTERPRISE Contract#/RFP#: MA-003-19011793 Contract Amount: \$95,900.00 IFB: Yes No No Insurance Type to be Reviewed for Waiver or Modification of Terms Workers' Compensation (W/C) Property Insurance Commercial General Liability (CGL) Commercial Auto Liability (AL) Employer's Liability Indemnification Limitation of Liab. Sexual Misconduct Professional Liab. (Errors & Omissions) Technology Error & Omissions Network Security & Privacy Liab. Other Request and Justification: VENDOR WILL INDIRECTLY HAVE ACCESS (Add another page if necessary) TO THE DATABASE TO TEST THE LOGIN FEATURE, BUT WILL NOT BE WORKING ON OR WITH SENSITIVE DATA COUNTY AC-IT STAFF WILL BE MONITORING AERIS'S ACCESS FOR PROJECT AND WILL BE SUPERVISED BY COUNTY STAFF To Be Completed By CEO/Risk Management ☐ Denied ☐ Approved as Modified Approved Comments: _ BRYAN BEREA 05-29-19 Manager/CEO/Risk Management Note: CEO Risk Mgmt. acts as an advisory to departments regarding Risk Assessment. Any changes to a contract requires formal modification.