

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: 9/18/2018

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

CEO/OCIT

County Employee (Contact For Questions)

County Department

jennifer.davis@ocit.ocgov.com

714-567-5006

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: Science Applications International Corp. Contract ID/RFP I.D. Number: RFP #OCIT-C015110

Bid: YES ☒ NO ☐ Contract Amount: \$94,262,413

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 type="checkbox"/> Other | <input checked="" type="checkbox"/> Indemnification |
| <input checked="" type="checkbox"/> Professional Liability (Errors & Omissions) | <input checked="" type="checkbox"/> Limitation of Liability | |

Request and Justification: (add another page if necessary)

OCIT is requesting CEO/Risk's approval of the non-standard terms with respect to: a) Limitation of Liability

(Section 22); and b) Insurance and Indemnity (Section 27)

To Be Completed By CEO/Risk Management

☒ Approved

☐ Denied

☐ Approved as Modified

Comments: _____

Shonda M. Munsie
Manager/CEO/Risk Management

9/18/18
Date