

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

DATE SUBMITTED: 10/10/2019

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 Insurance Provisions. **If this is a renewal, attach prior Risk Management Approval(s).**

FROM: <u>Anthony Le</u>	Health Care Agency/Financial	
County Employee (Contact For Questions)	County Department	
<u>anle@ochca.com</u>	<u>714-834-5765</u>	<u>714-834-5506</u>
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 requires formal modification unless contract 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 Standard Agreement

Vendor Name: HCA w/Dept of Health Care Svcs Contract ID/RFP I.D. Number: Agmt # 18-95262

Bid: YES NO Contract Amount: \$0

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 Sole Indemnification of the State | |
| <input type="checkbox"/> Professional Liability (Errors & Omissions) | | |

Request and Justification: The attached agreement contains indemnification provision that differs from (add another page if necessary) _____
County's standard. This is the State' standard sole indemnification provision which is acceptable

since the County is performing the services. Please review and approve.

Thank you.

To Be Completed By CEO/Risk Management

Approved Denied Approved as Modified

Comments: Standard State sole indemnification provision is acceptable since County is performing the services.

Rhonda Marshall 10/24/19
Manager/CEO/Risk Management Date