			Attachment C
RISK ASSESSMENT OR MODIFICATION OF INSURANCE TERMS			
Use this form to request a risk assessment and determine proper insurance requirements when developing a contract. ** <i>Please attach contract and prior Risk Management approval(s) if any</i> **			
DATE: 11/30/2	2023		
TO: RiskMgr	ntInsurance@ocgov.com		
FROM: Ruben Aguilar		(714) 834-3465	District Attorney
County Employee		Phone #	County Department
CONTRACT	X Commodities	Public Works	Services
TYPE	Lease/License	A & E	Other
Vendor Name:	Axon Enterprise, Inc.		
IFB: Yes	No Contract or RF	P#: MA-026-24010075	Contract Amount: \$30,000
Insurance Type to Reviewed for Waiver or Modification of Terms			
Commercial C Commercial A Professional L	General Liability (CGL) Auto Liability (AL) Liab. (Errors & Omissions) rity & Privacy Liab.	 Workers' Compensatio Employer's Liability Sexual Misconduct Technology Error & Or 	n (W/C) Property Insurance X Indemnification X Limitation of Liability
Request and Justification (add another page if necessary):			
This contract will be established off a cooperative contract through Omnia Partners which includes non-standard indemnification and liability terms of its own.			
To Be Completed by CEO/Risk Management			
X Approved		Denied	Approved as Modified
Comments			
Commodity purchase of equipment. Axon has a basic insurance which is not required and also a broad Indemnity agreement.			
CEO/Risk Management: Calvin Wong Digitally signed by Calvin Wong DN: cne-Calvin Wong@cogroup.ceUS Date: 2023.11.30 12:32:26-0800' Note: CEO Risk Management acts as an advisory to departments regarding risk assessment. Any changes to a contract requires a formal modification.			

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