

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: 2/2/2024

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: Adriana Edwards HCA/Contract Services
County Employee (Contact For Questions) County Department

<u>adedwards@ochca.com</u>	<u>714-834-5981</u>	<u>714-834-4450</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/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: CHOC Children's Contract ID/RFP I.D. Number: Inpatient Mental Health

Bid: YES NO Contract Amount: _____

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

Request and Justification: (add another page if necessary)

Requesting a waiver of the Sole Indemnification requirement for Inpatient Mental Health Services for Youth

with CHOC Children's. HCA Behavioral Health clinical staff have direct input and assist with assessment

and disposition planning within hospital setting; assisting CHOC with management of client care resulting in

unwillingness to enter into agreement without mutual indemnification.

To Be Completed By CEO/Risk Management

Approved Denied Approved as Modified

Comments: Mutual Indemnification is acceptable

Calvin Wong
Digitally signed by Calvin Wong
DN: cn=Calvin Wong, ou=County of Orange,
ou=CEO/Risk Management,
email=calvin.wong@ocgov.com, c=US
Date: 2024.02.02 17:23:14 -0800
Manager/CEO/Risk Management

02/02/2024
Date