

RISK ASSESSMENT OR MODIFICATION OF INSURANCE TERMS

Use this form to request a risk assessment and determine proper insurance requirements when developing a contract. ****Please attach contract and prior Risk Management approval(s) if any****

DATE: 1/16/2024

TO: RiskMgmtInsurance@ocgov.com

FROM: Leanne Yuasa

(714) 245-6074

SSA - Contracts Services

County Employee

Phone #

County Department

- CONTRACT TYPE**
- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Commodities | <input type="checkbox"/> Public Works | <input type="checkbox"/> Services |
| <input type="checkbox"/> Lease/License | <input type="checkbox"/> A & E | <input checked="" type="checkbox"/> Other |

Vendor Name: Children and Families Commission of Orange County (CFCOC)/First 5 Orange County (CFCOC)

IFB: Yes No Contract or RFP #: MA-063-23011469 Contract Amount: 4 million annual

Insurance Type to Reviewed for Waiver or Modification of Terms

- | | | |
|--|---|--|
| <input type="checkbox"/> Commercial General Liability (CGL) | <input checked="" type="checkbox"/> Workers' Compensation (W/C) | <input type="checkbox"/> Property Insurance |
| <input type="checkbox"/> Commercial Auto Liability (AL) | <input checked="" type="checkbox"/> Employer's Liability | <input type="checkbox"/> Indemnification |
| <input type="checkbox"/> Professional Liab. (Errors & Omissions) | <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Limitation of Liability |
| <input type="checkbox"/> Network Security & Privacy Liab. | <input type="checkbox"/> Technology Error & Omissions | <input type="checkbox"/> High Risk |
| <input type="checkbox"/> Other: _____ | | |

Request and Justification (add another page if necessary):

Human Services RFP/Contract. RFP #: 063-2439802-LY
 The scope will not require Contractor to co-locate at a County office/property at this time. Please waive W/C and Employer's Liability insurance and endorsement requirements. Contractor staff may co-locate at County office/property at a future time.

To Be Completed by CEO/Risk Management

- Approved Denied Approved as Modified

Comments

Waiver of Work Comp and Employer Liability requirement as long as no co-location. However language will remain and be effective upon and amendment to the Contract to co-locate.

CEO/Risk Management: **Calvin Wong**
Digitally signed by Calvin Wong
 DN: cn=Calvin Wong, o=County of Orange,
 ou=CEO/Risk Management,
 email=calvin.wong@ocgov.com, c=US
 Date: 2024.01.16 18:20:17 -08'00'

Date: 01/16/2024

Note: CEO Risk Management acts as an advisory to departments regarding risk assessment. Any changes to a contract requires a formal modification.