RISK ASSESSMENT OR MODIFICATION OF INSURANCE TERMS

Use this form to request a Risk Assessment and determine Proper Insurance Requirements when developing an Agreement. **Please attach Agreement and prior Risk Approval(s) if any**

Date: 4/4/2023

To Pick Mant Ingurance @ coccou com
TO: <u>RiskMgmtInsurance@ocgov.com</u>
FROM: Lynn Miles Health Care Agency County Employee (Contact for Questions) County Department Phone# (Including area code):714-834-3137
CONTRACT TYPE: Commodities Public Works Service Lease/License
A & E
Vendor Name: CMCMC* Contract#/RFP#: MA-042-23011109
IFB: Yes 🗌 No 🔀 Contract Amount: \$9,454,257
Insurance Type to be Reviewed for Waiver or Modification of Terms
Commercial General Liability (CGL) Workers' Compensation (W/C) Property Insurance Commercial Auto Liability (AL) Employer's Liability Misconduct Indemnification Indemnification Limitation of Liab. Network Security & Privacy Liab. Technology Error & Omissions Other Request and Justification:*Vendor Name: Correctional Managed Care Medical Corporation
(Add another page if necessary) Mutual Indemnification - all parties are actively involved in coordination and direct patient care.
To Be Completed By CEO/Risk Management
□ Approved □ Denied □ Approved as Modified
Comments: Mutual Indemnification is acceptable as both parties are involved in patient care.
Calvin Wong Distally signed by Calvin Wong Occurd of Grange, UNC ACCORRS Management, mail Colvin worg Segure Calving Collision
Manager/CEO/Risk Management Date
Note: CEO Risk Mgmt. acts as an advisory to departments regarding Risk Assessment. Any changes to a contract requires formal modification.