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: 8/17/23	
o: <u>RiskMgmtInsurance@ocgov.com</u>	
ROM: Juan Corral	HCA Procurement & Centra
County Employee (Contact for Questions) Phone# (Including area code): 714-33	County Department
CONTRACT TYPE: Commodities Publi	c Works 🗍 Service 🗌 Lease/License
A & E Other	
Vendor Name: UCT	Contract#/RFP#: 042 - 22011444
FB: Yes 🗌 No 💢 Contract Amount:	
Insurance Type to be Reviewed for V	Vaivar or Modification of Torms
	rkers' Compensation (W/C) Property Insurance
	oloyer's Liability
	ual Misconduct Limitation of Liab. hnology Error & Omissions
Other	mology Lifer & offissions
Add another page if necessary) to Standard ndennity Remented rever papporal t	Language, Colo has
Approval was granted in per	
represent was granted by par	Cantral dem -
<u>To Be Completed By C</u>	CEO/Risk Management
Approved Deni	ied
Modification in Independing tion in duration	mutual tarma is accentable
Comments: Modification in Indemnification including	mutual terms is acceptable.
Comments:	
Comments: Modification in Indemnification including Calvin Wong Distribution for Annual State St	08/18/2023 Date

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