

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: 7/6/26

TO: RiskMgmtInsurance@ocgov.com

FROM: Aaron Robles

714-541-7411

SSA Contracts Services

County Employee

Phone # (including area code)

County Department

CONTRACT ☐ Commodities	☐ Public Works	☒ Services
TYPE ☐ Lease/License	☐ A & E	☐ Other

Vendor Name: Mercy House Living Centers

IFB: ☐ Yes ☐ No Contract or RFP #: MA-063-23010971 Contract Amount: \$9,158,000

Insurance Type to Reviewed for Waiver or Modification of Terms

☒ Commercial General Liability (CGL)	☐ Workers' Compensation (W/C)	☐ Property Insurance
☐ Commercial Auto Liability (AL)	☐ Employer's Liability	☐ Indemnification
☒ Professional Liab. (Errors & Omissions)	☒ Sexual Misconduct	☐ Limitation of Liability
☐ Network Security & Privacy Liab.	☐ Technology Error & Omissions	☐ High Risk
☐ Other		

Request and Justification (add another page if necessary):

Request to modify insurance terms in contract for Home Safe Services with Mercy House Living Centers to obtain claims-made coverage for both Commercial General Liability, Sexual Misconduct, and Professional Liability. Coverage must be continuous with no lapse in coverage.

To Be Completed by CEO/Risk Management

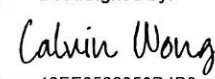
☒ Approved
 ☐ Denied
 ☐ Approved as Modified

Comments

Claims Made is acceptable as vendor has agreed to provide continuous coverage with no lapse. If at any time the policy cancels or non-renews, Mercy House has agreed to provide retroactive coverage. A continuous Claims Made policy is essentially occurrence based coverage as there will always be coverage no matter the time line.

CEO/Risk Management:

DocuSigned by:



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Date: 7/7/2026

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