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: 06/08/2026

TO: RiskMgmtInsurance@ocgov.com

FROM: Maria Ayala — Sheriff-Coroner Department
County Employee (Contact for Questions) — County Department
Phone# (Including area code): 714-834-6360

CONTRACT TYPE: ☐ Commodities ☐ Public Works ☒ Service ☐ Lease/License

☐ A & E ☐ Other _____

Vendor Name: Idemia Identity & Security USA LLC Contract#/RFP#: MA-060-26011342

IFB: Yes ☒ No ☐ Contract Amount: $10,249,999.38

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	☒ Indemnification
☐ Professional Liab. (Errors & Omissions)	☐ Sexual Misconduct	☒ Limitation of Liab.
☐ Network Security & Privacy Liab.	☐ Technology Error & Omissions	
☐ Other _____		

Request and Justification: Idemia Identity & Security USA LLC took exceptions to the Indemnification Provision and added (Add another page if necessary) paragraph 38. Limitation.of Liability in their RFP response. County Counsel and Risk Management both have approved the modification to the Indemnification and addtition of Limitation of Liability. Please refer to the attached proposed contract.

To Be Completed By CEO/Risk Management

☒ Approved ☐ Denied ☐ Approved as Modified

Comments: Limitation of Liability and Modification in the Indemnification to third party claims is acceptable.

DocuSigned by:
Calvin Wong
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Manager/CEO/Risk Management

6/8/2026
Date

Note: CEO Risk Mgmt. acts as an advisory to departments regarding Risk Assessment. Any changes to a contract requires formal modification.