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: 5/11/2026

TO: RiskMgmtInsurance@ocgov.com

FROM: Linh Ly — County Executive Office

County Employee (Contact for Questions) — County Department

Phone# (Including area code): 714-834-7036

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

☐ A & E ☐ Other _____

Vendor Name: _____ Contract#/RFP#: _____

IFB: Yes ☐ No ☒ Contract Amount: $71,605,689

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: This agreement contains mutual indemnification and no insurance requirements.
(Add another page if necessary)
This is favorable to the County as Orange County Fire Authority is assigned the County's obligations under the agreement and CAL FIRE is providing the funding.

To Be Completed By CEO/Risk Management

☒ Approved ☐ Denied ☐ Approved as Modified

Comments: Mutual Indemnification in Exhibit E is acceptable. No insurance is acceptable as both County and State are self insured.

DocuSigned by:
Calvin Wong
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Manager/CEO/Risk Management

5/11/2026
Date

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