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: 9/10/2026

TO: RiskMgmtInsurance@ceo.oc.gov

FROM: Imelda Iler	(714) 834-3812	Procurement & Contracts
County Employee	Phone #	County Department

CONTRACT TYPE

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

Vendor Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, AS DESCRIBED IN ARTIC

IFB: ☐ Yes ☒ No Contract or RFP #: RFA-042-3019403-II Contract Amount: Paid by DHCS

Insurance Type to Reviewed for Waiver or Modification of Terms

☒ Commercial General Liability (CGL)
☒ Commercial Auto Liability (AL)
☒ Professional Liab. (Errors & Omissions)
☒ Network Security & Privacy Liability
☒ Other: Mutual indemnifcation

☒ Workers' Compensation (W/C) Employer's Liability
☒ Sexual Misconduct
☒ Technology Error & Omissions

☒ Property Insurance
☒ Indemnification
☒ Limitation of Liability
☐ High Risk

Request and Justification (add another page if necessary):

Requesting approval as this individual Contract with UCI contains a mutual indemnification provision which varies from the County standard of sole indemnification.

To Be Completed by CEO/Risk Management

☒ Approved ☐ Denied ☐ Approved as Modified

Comments

Mutual Indemnification is acceptable as the County is not providing any direct services to clients or patients. Amended insurance language is acceptable as UCI is highly self insured to cover all their liability exposures.

CEO Risk Management: DocuSigned by: Calvin Wong 19EE0532350D4B3... Date: 9/10/2026

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