

RISK ASSESSMENT OR MODIFICATION OF INSURANCE TERMS

**Use this form to request a Risk Assessment and determine Proper Insurance Requirements
when developing an RFP-RFB, RFI or Contract/Agreement**

DATE SUBMITTED: 4/6/2026

TO: CEO/Risk Management/600 W. Santa Ana Blvd., Suite 105 Fax: 714-285-5599
or e-mail this form to RiskMgmtInsurance@ocgov.com with Scope of Work and Contract/Agreement
Insurance Provisions. **If this is a renewal, attach prior Risk Management Approval(s).**

FROM: Luis Martinez CPO
County Employee (Contact For Questions) County Department

luis.martinez@ceo.oc.gov 714-567-6545
County E-Mail Address Phone # (inc. area code) Fax # (inc. area code)

Note: The above action is advisory to departments as to risk assessment and protection. Any change in a current contract/agreement requires formal modification unless contract/agreement specifically delegates to County Risk Manager authority to modify insurance requirements.

CONTRACT TYPE: Commodities Public Works Service Human Services

Consultant Svcs. Fixed Asset A & E Other _____

Vendor Name: Rachel Shaw, Inc. Contract ID/RFP I.D. Number: MA-017-26010280

Bid: YES NO Contract Amount: \$825,000

Insurance Type To Be Reviewed for Waiver or Modification of Terms

Commercial General Liability Workers' Compensation Property Insurance
 Commercial Auto Liability Employer's Liability Sexual Misconduct
 Contractual Liability Other Mutual Indmenfication

Indemnification

Professional Liability (Errors & Omissions) Limitation of Liability

Request and Justification: (add another page if necessary)

The Mutual Indemnification Language edits in the Indemnification is acceptable as this is a one time audit

To Be Completed By CEO/Risk Management

Approved Denied Approved as Modified

Comments: Mutual Indemnification is acceptable for this audit contract.

DocuSigned by:

Calvin Wong

4/6/2026

Manager/CEO/Risk Management

Date