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: 5/18/26

TO: RiskMgmtInsurance@ocgov.com

FROM: Jordyn Lett — Social Services Agency - Contracts
County Employee (Contact for Questions) — County Department
Phone# (Including area code): 714-245-6263

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

☐ A & E ☐ Other _____

Vendor Name: UC Irvine Health Contract#/RFP#: MA-063-26010148

IFB: Yes ☒ No ☐ Contract Amount: $4,725,000

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 is a 3-year contract with UC Irvine Health (UCI) for Sexual Abuse Counseling Services. (Add another page if necessary)
UCI is a public education institution that is self-insured. The contract includes mutual indemnification language because UCI requires it in all of the contracts. The same language has been previously approved by Risk Management.

To Be Completed By CEO/Risk Management

☒ Approved ☐ Denied ☐ Approved as Modified

Comments: _____

DocuSigned by:
Calvin Wong
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Manager/CEO/Risk Management

5/19/2026
Date

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