

# 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: 5/13/26

TO: [RiskMgmtInsurance@ocgov.com](mailto:RiskMgmtInsurance@ocgov.com)

FROM: Lorena Watt	Sheriff-Coroner Department
County Employee (Contact for Questions)	County Department
Phone# (Including area code): 714-834-2214	

**CONTRACT TYPE:**  Commodities  Public Works  Service  Lease/License

A & E  Other \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Contract#/RFP#: SA-134-26FT

IFB: Yes  No

Contract Amount: \$1,470,000

### Insurance Type to be Reviewed for Waiver or Modification of Terms

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Commercial General Liability (CGL) | <input checked="" type="checkbox"/> Workers' Compensation (W/C) | <input type="checkbox"/> Property Insurance         |
| <input checked="" type="checkbox"/> Commercial Auto Liability (AL)     | <input type="checkbox"/> Employer's Liability                   | <input checked="" type="checkbox"/> Indemnification |
| <input type="checkbox"/> Professional Liab. (Errors & Omissions)       | <input type="checkbox"/> Sexual Misconduct                      | <input type="checkbox"/> Limitation of Liab.        |
| <input type="checkbox"/> Network Security & Privacy Liab.              | <input type="checkbox"/> Technology Error & Omissions           |   |
| <input checked="" type="checkbox"/> Other _____                        |   |   |

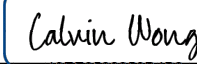
**Request and Justification:** Review state's non-standard provisions 26-27 State of California , 32nd District of Agricultural (Add another page if necessary)

Association. Mutual Indemnification is appropriate as Sheriff will provide security on state property. Terms of service: July 1, 2026 through August 20, 2026 - Law Enforcement Services at OC Fair 2026.

### To Be Completed By CEO/Risk Management

Approved  Denied  Approved as Modified

Comments: Mutual Indemnification is acceptable.

DocuSigned by:  
  
 19EE0532350D4B3  
 Manager/CEO/Risk Management

5/13/2026  
Date

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