

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: 5/7/26

TO: 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-135-26YR

IFB: Yes No Contract Amount: \$500,000

Insurance Type to be Reviewed for Waiver or Modification of Terms

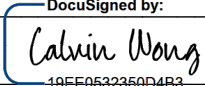
<input checked="" type="checkbox"/> Commercial General Liability (CGL)	<input checked="" type="checkbox"/> Workers' Compensation (W/C)	<input type="checkbox"/> Property Insurance
<input checked="" type="checkbox"/> Commercial Auto Liability (AL)	<input type="checkbox"/> Employer's Liability	<input checked="" 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 Association. Mutual Indemnification is appropriate as Sheriff will provide security on state property. Terms of service: July 1, 2026 through June 30, 2027 - Law Enforcement Services at OC Fair Grounds 2026.

To Be Completed By CEO/Risk Management

Approved Denied Approved as Modified

Comments: Mutual Indemnification is acceptable.

DocuSigned by:

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 Manager/CEO/Risk Management Date 5/8/2026

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