

**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: 3/3/26

TO: RiskMgmtInsurance@ocgov.com

FROM: William Mo

714-541-7788

Social Services Agency

County Employee

Phone # (including area code)

County Department

**CONTRACT TYPE**

<input type="checkbox"/> Commodities	<input type="checkbox"/> Public Works	<input checked="" type="checkbox"/> Services
<input type="checkbox"/> Lease/License	<input type="checkbox"/> A & E	<input type="checkbox"/> Other

Vendor Name: Seneca Family of Agencies

IFB:  Yes  No Contract or RFP #: MA-063-26010204 Contract Amount: \$1,125,000**Insurance Type to Reviewed for Waiver or Modification of Terms**

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

**Request and Justification (add another page if necessary):**

Seneca Family of Agencies has claims made sexual misconduct (SM) coverage. Requesting waiver of the SM per occurrence requirement.

**To Be Completed by CEO/Risk Management** Approved Denied Approved as Modified**Comments**

Claims Made Sexual Misconduct is not acceptable. Requirement is coverage on an occurrence basis. Claims Made coverage have a timeline when a claim can be filed. Once the timeline has expired, there is no coverage. Sexual molestation claims can be filed years later after expiration of a Claims Made policy. Without insurance coverage, the County is exposed to additional liability risk.

CEO/Risk Management:

DocuSigned by:  
  
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Date: 3/3/2026

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