

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: 03/12/2026

TO: RiskMgmtInsurance@ocgov.com

FROM: Jannette Revilla

OCCR/Office On Aging

County Employee (Contact for Questions)

County Department

Phone# (Including area code): 714-480-6456, 714-949-0049

CONTRACT TYPE: Commodities Public Works Service Lease/License

A & E Other Human Services

Vendor Name: OC Transportation Authority (OCTA) Contract#/RFP#: TBD

IFB: Yes No Contract Amount: \$4,539,942

Insurance Type to be 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 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 type="checkbox"/> Other _____ | | |

Request and Justification:

(Add another page if necessary)

Contains language requiring the County to indemnify OCTA from any claims in connection with the performance of the

Agreement. This is standard in OCTA agreements.

To Be Completed By CEO/Risk Management

Approved Denied Approved as Modified

Comments: Non-standard Insurance and Indemnification language is acceptable as County is
the recipient of grant funds.

DocuSigned by:

Calvin Wong

Manager/CEO/Risk Management

3/12/2026

Date

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