

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: 5/1/2026

TO: RiskMgmtInsurance@ceo.oc.gov

FROM: Christina Morales

(714) 567-5169

Registrar of Voters

County Employee

Phone #

County Department

CONTRACT TYPE Commodities Public Works Services
 Lease/License A & E Other

Vendor Name: DMT Solutions Global Corporation DBA Bluecrest

IFB: Yes No Contract or RFP #: MA-031-26011329 Contract Amount: \$2,532,741.00

Insurance Type to 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 Liability
 Network Security & Privacy Liability Technology Error & Omissions High Risk
 Other: _____

Request and Justification (add another page if necessary):

Please review and approve attached Bluecrest contract for hardware maintenance on DMT sorters, inserters, and server and software licensing and maintenance. This contract has been approved previously with the addition of "third parties" to the indemnity provision.

To Be Completed by CEO/Risk Management

Approved Denied Approved as Modified

Comments

Adding "third party" and limitation of liability of \$2M is acceptable.

CEO Risk Management:  DocuSigned by:
 Calvin Wong
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Date: 5/1/2026

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