## CONTRACT AMENDMENT B

This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, through Kitsap County, as its administrative entity, a political subdivision of the State of Washington, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "SBHASO", and Specialty Services II, LLC, hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-054-22, and executed on April 25, 2022, and amended on January 9, 2023, shall be amended as follows:

- 1. **Page 1: Amount** shall be amended as follows: \$67,392.66
- 2. Attachment C: Budget is deleted entirely and replaced as attached.
- 3. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

Program Lead, Salish Behavioral Health Administrative Services Organization Kitsap County Department of Human Services 614 Division Street, MS-23 Port Orchard, WA 98366

Upon receipt, the Human Services Department will ensure the submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

4. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

This amendment shall be effective July 1, 2023.	
Dated this <u>7</u> day of <u>JU7</u> , 2023.	
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, By KITSAP COUNTY BOARD OF	CONTRACTOR: Specialty Services II, LLC
COMMISSIONERS, Its Administrative Entity  Lu B Bh	Name: Tony Prentice Title: Chief Operating Officer
Eric Baker, County Administrator  DATE $7/7/23$	I attest that I have the authority to sign this contract on behalf of Specialty Services II, LLC.
	07/05/1023 DATE

Budget Sum	ımary							
Contractor: Specialty Services II								
Contract No:								
Contract Period:	01/01/22 - 12/31/23							
Expenditure	Previous	Changes this Contract	Current					
Period 1: 01/01/22 - 12/31/22								
SUD Residential Treatment (SABG)	\$24,475.00	\$0.00	\$24,475.00					
Period 1 Budget Total	\$24,475.00	\$0.00	\$24,475.00					
Period 2: 01/01/23 - 12/31/23								
Criminal Justice Treatment Account (CJTA)	\$29,217.66	\$3,200.00	\$32,417.66					
SUD Residential Treatment at \$425 per day (SABG)	\$0.00	\$10,500.00	\$10,500.00					
Period 2 Budget Total	\$29,217.66	\$13,700.00	\$42,917.66					
Contract Total	\$53,692.66	\$13,700.00	\$67,392.66					



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in liqu of such endorsement(s)

	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER					CONTACT Christina Oakley						
The Partners Group Ltd					PHONE (A/C, No, Ext): (877) 455-5640 FAX (A/C, No): (425) 455-6727						
1111 Lake Washington Blvd N.					E-MAIL ADDRESS: coakley@tpgrp.com						
Suite 400										NAIC#	
Rer	nton			WA 98056	INSURER A: Bridgeway Insurance Company				12489		
INSURED					INSURER B: The Ohio Casualty Insurance Company					24074	
	Specialty Services II LLC				INSURER C :						
	PO Box 141106				INSURER D :						
					INSURE	RE:					
Spokane Valley WA 99214					INSURER F:						
CO	COVERAGES CERTIFICATE NUMBER: 22-23 SSII LLC REVISION NUMBER:										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
<del>-::`</del>	COMMERCIAL GENERAL LIABILITY	1					,	EACH OCCURRENCE	1.0	000,000	
ŀ	CLAIMS-MADE OCCUR	1						DAMAGE TO RENTED PREMISES (Ea occurre	50	,000	
	92 11110 111102 [23, 988011							MED EXP (Any one per	5.0	000	
Α		Y		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJ	1.0	4.000.000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	2.0	000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/C	OPAGG \$ 3,0	000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	IMIT \$ 1,0	000,000	
	X ANY AUTO	1						BODILY INJURY (Per p	person) \$		
В	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY AUTOS ONLY			BAA60145476	10/01/202	10/01/2022	10/01/2023	BODILY INJURY (Per a	accident) \$		
		1						PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB  CCCUR  EXCESS LIAB  CLAIMS-MADE				10/01/2022		EACH OCCURRENCE	\$ 4,0	000,000		
Α		j		9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,0	000,000	
	DED RETENTION \$ 0								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1						PER STATUTE X	OTH- ER EL-	WA Stop Gap	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	9HA7MM000203300	10	10/01/2022	10/01/2023	E.L. EACH ACCIDENT	Ψ	000,000		
	(Mandatory in NH)						E.L. DISEASE - EA EM	ILLOILL 1 4 .	000,000		
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		000,000	
	Professional Liability							Each Incident	ľ	,000,000	
Α	,			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3	,000,000	
		<u></u>	<u> </u>								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  King County, its officers, officials, employees and agents are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract. GL Additional Insured Primary and Non-Contributory provisions apply per attached form.											
CERTIFICATE HOLDER CANC						ELLATION					
King County Behavioral Health and Recovery Division MS: CNK-CHS-0400					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE						
401 5th Ave, Suite 400											
	Seattle			WA 98104		~					

## Exclusions Search Results: Entities 9

No Results were found for

• Specialty Services II

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation <a href="Search Again">Search Again</a>

Search conducted 6/26/2023 6:25:01 PM EST on OIG LEIE Exclusions database. Source data updated on 6/8/2023 8:00:00 AM EST Return to Search