# CONTRACT AMENDMENT

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 American Behavioral Health Systems, Inc., 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-062-21, and executed on January 11, 2021, and amended on January 24, 2022, shall be amended as follows:

1. Page 1: Contract Term shall be amended to reflect:

January 1, 2021- December 31, 2023

- 2. Attachment A: Special Terms and Conditions as follows: The following term is added to Section 2- Quality Improvement
  - g. Contractor shall report Critical Incidents involving individuals receiving SBHASO funded services in accordance with SBHASO Critical Incident Reporting Policy and Procedure.
- 3. Attachment B-1: Statement of Work- Psychiatric Inpatient Treatment is added.
- 4. Attachment C: Budget/Rate Sheet Chehalis is deleted entirely and replaced as attached.
- 5. Attachment C-1: Budget/Rate Sheet- Spokane is deleted entirely and replaced with Attachment C-1: Budget/Rate Sheet- Wenatchee.
- 6. 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.

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 January 1, 2023.

Dated this this day of the day of

SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES
ORGANIZATION, By
KITSAP COUNTY BOARD OF
COMMISSIONERS, Its Administrative
Entity

Charlotte Garrido, Chair

Robert Gelder, Commissioner

Charlotte Think

Katherine T. Walters. Commissioner

Behavioral Health Systems, Inc.

12/19/2022

Title:

CONTRACTOR:

Name: Tony Prentice

Systems, Inc.

**American Behavioral Health** 

**Chief Operating Officer** 

I attest that I have the authority to sign this contract on behalf of American

DATE

Bara Daniels

Dana Daniels, Clerk of the Board

#### **Attachment B-1**

### Statement of Work: Inpatient Psychiatric Treatment

- Medicaid Eligibility. Contractor shall make reasonable effort to verify an Individual's eligibility at time of service by following appropriate procedures, including without limitation, and at a minimum, the terms and conditions of this Contract, SBHASO Policies and Procedures and the SBHASO Supplemental Provider Guide. Contractor recognizes that the Individual's eligibility information may be inaccurate at the time.
  - Contractor obtains verification and that the Individual, or the Services provided to the Individual, may later be determined to be Medicaid eligible and, except as otherwise required by law, not eligible for payment under this Agreement. Under such circumstances, Contractor may then, except as otherwise stated herein, directly bill the other responsible party for such services.
- 2. Provision of Psychiatric Inpatient Services. Contractor hereby acknowledges and agrees to cooperate and comply with all of the terms and conditions of the Supplemental Provider Guide, SBHASO Policies and Procedures, and this Contract, and to dutifully perform as a Contractor for the provision of Psychiatric Inpatient Services to Individuals within the SBHASO network as designated by SBHASO. Contractor shall accept without regard to race, religion, gender, color, national origin, age or physical or mental health status, or on any other basis deemed unlawful under federal, state or local law. At all times, Contractor shall require any employed or subcontracted health care professionals and facilities to comply with the terms and conditions of this Contract, as well as the requirements of all applicable laws and regulations.
- 3. Authorization Requirements.
  - a. Contractor must request prior authorization for Voluntary Psychiatric Inpatient Services from SBHASO through the electronic format or by another approved and accepted method recognized by SBHASO. Authorization is required before providing any Voluntary Psychiatric Inpatient Services to an Individual. SBHASO shall subsequently confirm authorizations in writing. SBHASO will not accept any retroactive authorization requests for Voluntary Psychiatric Inpatient Services.
  - Contractor shall submit notification though electronic format within 24 hours of Individual's admission for Involuntary Psychiatric Inpatient Services.
  - c. Contractor shall submit subsequent requests for authorization for length-of-stay extensions at least one (1) business day prior to the expiration of the authorized period. Contractor shall submit authorization requests for length-of-stay extensions during regular business hours, Monday through Friday between 8:00am and 5:00pm.
  - d. Any authorization resulting from wrongful, fraudulent, or negligent actions of Contractor or a breach of this Contract shall be null and void as of the time given.

- 4. Standards of Care. Nothing in this Contract, SBHASO Supplemental Provider Guide, SBHASO Policies and Procedures, including without limitation, SBHASO's utilization management and quality assurance and improvement standards and procedures, shall dictate the Psychiatric Inpatient Services to be provided by Contractor or otherwise diminish Contractor's obligation to freely communicate with and/or provide Psychiatric Inpatient Services to Individuals in accordance with the applicable standard of care for such Provider or for maintaining hospital accreditation according to industry standards and requirements.
- 5. Continuity of Care. Contractor shall furnish Services in a manner providing continuity of care and ready referral of Individuals to other Providers at times as may be appropriate and consistent with the standards of care in the community if an Individual requires additional services or evaluation, including Crisis Services.

#### 6. Care Coordination.

- a. Upon authorization, each individual is assigned an SBHASO Care Manager. Contractor shall engage in communication with SBHASO for the purposes of care coordination and discharge planning upon an individual's admission.
- b. Prior to discharging an Individual, Contractor shall coordinate postdischarge follow-up care with SBHASO and assure that the Individual has a follow-up plan.
- c. Contractor shall provide SBHASO with discharge paperwork within 72 hours of discharge including any information related to referral and least restrictive orders

#### 7. Payment for Services.

- a. All payments obligated by SBHASO shall be paid to Contractor and Contractor will be solely responsible for payments to its employees and contractors who may have provided psychiatric inpatient services.
- b. Contractor shall submit claims for Psychiatric Inpatient Services to SBHASO in a manner and format prescribed by SBHASO, whether in Protocols or otherwise, and which may be in an electronic format. Subject to delays caused by coordination of benefits, all information necessary to process the claims must be received by SBHASO no more than 90 days from the date of discharge and 90 days from the date all Psychiatric Inpatient services are rendered. Contractor agrees that claims received after this time period may be rejected for payment, at SBHASO's and/or Payor's sole discretion. SBHASO may request documentation from Contractor to support any claim submission delays which are reportedly due to coordination of benefits.
- c. Unless otherwise directed by SBHASO, Facility Participating Provider

shall submit claims using current UB04 forms, with applicable coding including, but not limited to, ICD9, CPT, Revenue and HCPCS coding. Contractor shall include in a claim the Individual's certification number, HCA per diem Charges for the Services rendered to an Individual during a single instance of service, Contractor's Federal Tax I.D. number and/or other identifiers requested by SBHASO.

- d. Subject to the terms and conditions herein, the obligation for payment for Psychiatric Inpatient Services provided to a Non-Medicaid Individual, is solely that of Payor. When SBHASO is the Payor, SBHASO shall make obligated claim payments to Contractor within 30 days or as otherwise required by law, of the date SBHASO receives all information necessary to process and pay a clean claim, except for claims for which there is coordination of benefits, disputes about coverage, systems failure or other such causes.
- e. Both SBHASO and Contractor shall have the right to request, corrective adjustments to a previous payment; provided however, that neither party shall have any obligation to pay additional amounts after 12 months from the date the initial claim was paid.
- f. Contractor shall accept as payment in full for Psychiatric Inpatient Services rendered to Individuals such amounts as are paid by SBHASO pursuant to this Contract and shall not bill Individuals for non-covered charges, which result from SBHASO's reimbursement methodologies. If SBHASO denies payment for services rendered by Contractor on grounds that the services are not Medically Necessary, Contractor shall not collect payment from an Individual for the services unless the Individual has knowledge of the determination of lack of Medical Necessity and has subsequently agreed in writing to be responsible for such charges for Psychiatric Inpatient Services.

Further, if any payment to Contractor is denied, in part or full, due to Contractor's failure to strictly comply with any term or condition in this Contract, SBHASO Supplemental Provider Guide, SBHASO Policies and Procedures, including without limitation, obtaining prior authorization, untimely filing of a claim, inaccurate or incorrect submission of or claim processing, or the insolvency of SBHASO pursuant to applicable law, it is agreed that Contractor shall not bill an Individual or otherwise, directly or indirectly, seek or collect payment from the Individual for any of the denied amounts. Any violation hereof by Contractor shall be deemed a material breach. This provision shall apply regardless of whether any waiver or other document of any kind purporting to allow Contractor to collect payment from the Individual exists. These provisions shall survive the termination hereof and shall be construed to be for the benefit of the Individual.

### ATTACHMENT C: BUDGET/RATE SHEET- Chehalis

## Salish Behavioral Health Administrative Services Organization

## **Budget/Rate Sheet**

Contractor: American Behavioral Health Systems, Inc.

NPI #: 1609365238 (Chehalis)

Time Period: January 1, 2023 – December 31, 2023

**Contractor Specific Rates:** 

(1) Secure Withdrawal Management and Stabilization: \$800 per diem (GFS)

Available Budget: Fee For Service

All rates are all-inclusive.

#### ATTACHMENT C-1: BUDGET/RATE SHEET- Wenatchee

## Salish Behavioral Health Administrative Services Organization

## **Budget/Rate Sheet**

Contractor: American Behavioral Health Systems, Inc.

NPI #: 1437634888 (Wenatchee)

Time Period: January 1, 2023 – December 31, 2023

Contractor Specific Rates:

- (1) Secure Withdrawal Management and Stabilization: \$800 per diem (GFS)
- (2) Psychiatric Inpatient Treatment- E&T: \$1,050 per diem (GFS)

Available Budget: Fee For Service

All rates are all-inclusive.



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.

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PRO	DUCER				CONTAC NAME:	CT Christina	Oakley				
The	Partners Group Ltd				PHONE (A/C, No	(877) 45	55-5640	FAX (A/C, No):	(425)	455-6727	
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PRO	DUCER				CONTAC NAME:	Christina (	Dakley			
The	e Partners Group Ltd				PHONE (A/C, No	Eva). (877) 45	55-5640	FAX (A/C, No):	(425) 4	55-6727
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	Spokane Valley			WA 99214	INSURE	RF:				
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IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES OF IN IDICATED. NOTWITHSTANDING ANY REQUIR ERTIFICATE MAY BE ISSUED OR MAY PERTAI XCLUSIONS AND CONDITIONS OF SUCH POL	EME IN, TH ICIES	NT, TE IE INS 3. LIM	RM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	DOCUMENT V DHEREIN IS SI AIMS.	WITH RESPECT TO WHICH T	HIS	
INSR LTR			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00
								MED EXP (Any one person)	\$ 5,00	0
В				9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJURY	Ψ	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<del></del>	0,000
	PRO-								Ψ	0,000
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 5,55	-,
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1.00	0.000
	<del></del>							(Ea accident) BODILY INJURY (Per person)	\$ 1,00	3,000
	ANY AUTO OWNED SCHEDULED			BAA60145476		10/01/2022	10/01/2023		\$	
Α	AUTOS ONLY AUTOS NON-OWNED			DAA60143476		10/01/2022	10/01/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
	✓ UMBRELLA LIAB ✓ OCCUR							EACH OCCURRENCE	\$ 4,00	0,000
В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	0,000
	DED   RETENTION \$ 0								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE X OTH-		A Stop Gap
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	\$ 1,00	0,000
Ь	(Mandatory in NH)	N/A		31 IA7 WIWIOO0203300		10/01/2022	10/01/2023	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
	5 ( ) 11/1/19							Each Incident	\$1,0	00,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	00,000
			Ì					·		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (AC	ORD 1	01. Additional Remarks Schedule,	may be at	tached if more sp	ace is required)			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,			
Evid	dence of Insurance Only									
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	Evidence of Insurance				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		) BEFORE
					AUTHOR	RIZED REPRESEN	ITATIVE	_		ļ
	*							$\mathcal{I}$		
								/K		



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

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PROI	UCE	R				CONTAC NAME:	T Christina (	Dakley				
The	Partr	ners Group Ltd				PHONE (A/C, No.	Ext): (877) 45	55-5640		FAX (A/C, No):	425) 4	55-6727
1111	Lak	e Washington Blvd N.				E-MAIL ADDRES	coaklov@	tpgrp.com				
Suit	e 400	)				7.001.00		SURFR(S) AFFOR	DING COVERAGE			NAIC#
Ren	ton				WA 98056	INSURE	The Ohio		rance Company			24074
INSU	RED					INSURE	D.: J.	y Insurance C	ompany			12489
		American Behavioral Health Sys	tems	Inc			(6	.,				
		PO Box 141106	, tomo	, 1110.		INSURE						
		FO BOX 141100				INSURE						
		On alloway Valley			WA 99214	INSURE	RE:					
		Spokane Valley			20.00.01.11.	INSURE	RF:					
					NUMBER: 22-23 GL AL X				REVISION NUMI			
IN CE	DICA RTIF	TO CERTIFY THAT THE POLICIES OF I TED. NOTWITHSTANDING ANY REQUII FICATE MAY BE ISSUED OR MAY PERTA SIONS AND CONDITIONS OF SUCH PO	REME AIN, TI	NT, TE HE INS	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA E POLICII	CT OR OTHER ES DESCRIBEI	DOCUMENT V DHEREIN IS SI	WITH RESPECT TO	WHICH THIS		
INSR LTR	CLO		ADDL	SUBR		T	POLICY EFF	POLICY EXP		LIMITO		
LTR	<u></u>	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	1,000	0.000
	×	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC DAMAGE TO RENTE			
		CLAIMS-MADE X OCCUR				ŀ			PREMISES (Ea occur			
						Ī			MED EXP (Any one p	erson) \$		
В					9HA7MM000203300	ŀ	10/01/2022	10/01/2023	PERSONAL & ADV IN	NJURY \$		-
	GEN	'L AGGRE <u>GATE</u> LIMIT APP <u>LIES</u> PER:							GENERAL AGGREGA	ATE \$	3,000	0,000
	×	POLICY PRO- JECT LOC				ļ			PRODUCTS - COMP	/OP AGG \$	3,000	0,000
		OTHER:								\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT \$	1,000	0,000
	×	ANY AUTO							BODILY INJURY (Per	person) \$		
Α		OWNED SCHEDULED			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per	accident) \$		
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGI	E s		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB X OCCUP			· · · · · · · · · · · · · · · · · · ·					- ·	4,000	000
В	$\sim$	J OCCOR	l		9HATUM000201500		10/01/2022	10/01/2023	EACH OCCURRENC			0,000
В		EXCESS LIAB CLAIMS-MADE	1		9HAT 01000020 1300		10/01/2022	10/01/2023	AGGREGATE	\$	4,000	5,000
	14/00	DED RETENTION \$ 0							I DED I	\$ OTH F	-1 14/	A 01 - 0
		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N							PER STATUTE >	<b>C</b> OTH- ER		A Stop Gap
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDEN	T \$		
	(Man	datory in NH)							E.L. DISEASE - EA E	MPLOYEE \$	1,000	0,000
	DESC	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICYLIMIT \$	1,000	0,000
	Dro	fessional Liability							Each Incident		\$1,0	00,000
В	110	nessional Elability			9HA7MM000203300	1	10/01/2022	10/01/2023	Aggregate		\$3,0	00,000
DESC	RIPTI	ION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)				
Evic	ence	of Insurance Only.										
		•										
CEF	RTIFI	CATE HOLDER				CANC	ELLATION					
		Great Rivers BHO 57 West Main Street				THE ACC	EXPIRATION D ORDANCE WIT	ATE THEREOR	SCRIBED POLICIE F, NOTICE WILL BE Y PROVISIONS.			BEFORE
ĺ		Suite 260				AUTHOR	RIZED REPRESEN	ITATIVE	_			
					WA 98532		-		1			
		Chehalis			VVM 30002	l			-1/-			



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.

	is certificate does not confer rights to						may require	an endorsement. A stat	ement (	/II
_	DUCER				CONTAC		Oakley			
	Partners Group Ltd				NAME: PHONE	(077) 4/		FAX (A/C, No):	(425) 4	55-6727
	Lake Washington Blvd N.				(A/C, No E-MAIL	, EXT):		[ (A/C, No):	( /	
	e 400				ADDRES			RDING COVERAGE		NAIC #
Ren				WA 98056	moune	The Ohio		rance Company		24074
INSU					INSURE	Daidean	ay Insurance C			12489
	American Behavioral Health Sys	tems	Inc		INSURE	кв				
	PO Box 141106	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			INSURE					
	TO BOX TITTOO				INSURE					
	Spokane Valley			WA 99214	INSURE					
CO	<del></del>	TIFIC	ATE	NUMBER: 22-23 GL AL X	INSURE S PL	RF:		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES OF I			HOWDER.		TO THE INSUR			RIOD	
IN	DICATED. NOTWITHSTANDING ANY REQUI	REME	NT, TE	ERM OR CONDITION OF ANY	CONTRA	CT OR OTHER	R DOCUMENT V	WITH RESPECT TO WHICH	ΓHIS	
	ERTIFICATE MAY BE ISSUED OR MAY PERTA (CLUSIONS AND CONDITIONS OF SUCH PO							UBJECT TO ALL THE TERMS	5,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		TEDUC	POLICY EFF	POLICY EXP	LIMI	те	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$ 1,00	0.000
								DAMAGE TO RENTED	\$ 50,0	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	500	
В		Y		9HA7MM000203300		10/01/2022	10/01/2023	MED EXP (Any one person)	\$ 5,00 \$ 1,00	
5				5 17 IMM050200000		.0,0 1,2022	10,01,2020	PERSONAL & ADV INJURY	<u> </u>	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	+ *	0,000
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 0,00	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,00	0.000
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ 1,00	
Α	OWNED SCHEDULED			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$	
^	AUTOS ONLY AUTOS NON-OWNED			DANOU140470		10/01/2022	10/01/2023	PROPERTY DAMAGE	\$	<del></del>
	AUTOS ONLY AUTOS ONLY							(Per accident)	s	
	➤ UMBRELLA LIAB ➤ OCCUP	ļ							<del></del>	0,000
В	F ryona Lun			9HATUM000201500		10/01/2022	10/01/2023	EACH OCCURRENCE	1 4 00	0,000
D	CEANVIG-WADE			011/11 01W100020 1000		10/01/2022	10/01/2020	AGGREGATE	\$ 4,00	
	DED   RETENTION \$ U							PER OTH-	FI - W	A Stop Gap
	AND EMPLOYERS' LIABILITY Y/N								\$ 1,00	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT		0,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	+*	0,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT  Each Incident	Ψ .	00,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	1 '	00,000
_				0131111111100020000		10/01/2022	10/01/2020	, iggiogato	\$5,5	00,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01. Additional Remarks Schedule	may be at	tached if more st	pace is required)		1	
	ater Columbia Behavioral Health Services, L							rest may appear as respect	s	
	rations performed by or on behalf of the Nar						,			
CEL	RTIFICATE HOLDER				CANC	ELLATION				
VEI	THE HOLDEN				SANO	LLLAIIUN				
					sно	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CA	NCELLE	BEFORE
	_		_					F, NOTICE WILL BE DELIVE Y PROVISIONS.	RED IN	
	Greater Columbia Behavioral He	ealth S	Servic	es,	ACC	ONDARGE WII	III IIIL FOLIC	i i Rovidiona.		
	LLC BH-ASO				AUTHO	RIZED REPRESEI	NTATIVE	······································		
	101 N. Edison Street					~		0		
	Kennewick			WA 99336		∢.		-JV-		



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

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this certificate does not confer rights to	the o	ertifi	cate holder in lieu of such						
PRODUCER				CONTAI NAME:		Oakley			
The Partners Group Ltd				PHONE (A/C, No	o, Ext): (877) 4	55-5640	FAX (A/C, No):	(425)	155-6727
1111 Lake Washington Blvd N.				E-MAIL ADDRE	coaklav@	tpgrp.com			
Suite 400					IN:	SURER(S) AFFOR	RDING COVERAGE		NAIC#
Renton			WA 98056	INSURE	RA: The Ohio	Casualty Insu	ırance Company		24074
INSURED				INSURE	RB: Bridgewa	ay Insurance C	ompany		12489
American Behavioral Health Sy	stems	, Inc.		INSURE	RC:				
PO Box 141106				INSURE					
				INSURE					
Spokane Valley			WA 99214	INSURE					
COVERAGES CER	TIFIC	ATE	NUMBER: 22-23 GL AL X				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUICERTIFICATE MAY BE ISSUED OR MAY PERT. EXCLUSIONS AND CONDITIONS OF SUCH POLICE.	REME AIN, T DLICIE	ENT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTRA	ACT OR OTHER IES DESCRIBE CED BY PAID CI	R DOCUMENT \ D HEREIN IS S _AIMS.	WITH RESPECT TO WHICH T	HIS	
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00
							MED EXP (Any one person)	\$ 5,00	0
В	Y		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJURY	\$ 1,00	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	0,000
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000
OTHER:								\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
X ANY AUTO							BODILY INJURY (Per person)	\$	
A OWNED SCHEDULED AUTOS ONLY			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
AUTOS ONET							(i ei accident)	\$	
➤ UMBRELLA LIAB ➤ OCCUR	<b></b>	<b></b>					EACH OCCURRENCE	\$ 4,00	0,000
B EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	0,000
DED RETENTION \$ 0	1						- NOOKEONIE	ţ	
WORKERS COMPENSATION							PER STATUTE X OTH-	EL - W	'A Stop Gap
AND EMPLOYERS' LIABILITY  Y / N  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 1,00	0,000
B OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. DISEASE - EA EMPLOYEE	<del></del>	0,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	_	0,000
	$\vdash$						Each Incident	<del>  *</del>	00,000
B Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate		00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Greater Rivers Behavioral Health Organization, may appear as respects operations performed	its ag	ents,	officers and employees are in-	cluded a	as Additional In	sured on Gene			
CERTIFICATE HOLDER				CANC	ELLATION				
Greater Rivers Behavioral Heal PO Box 1447	th Org	anizat	tion	SHO THE ACC	OULD ANY OF T EXPIRATION D CORDANCE WIT	OATE THEREOI	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		) BEFORE
				AUTHO	RIZED REPRESE	NTATIVE	h		
Cheehalis			WA 98532		~		$\gg$ 11		



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

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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 lieu of such endorsement(s).

PRODUCTR   The Partners Group Lid   This Bas Weshington Blvd N.   Salita 400   Residon   WA. 80050   Residon   WA. 80050   Residon   R		nis certificate does not confer rights to						may require	an endorsement. A stat	ament (	)II	
The Partners Group Lid    Value   Partners   Value   Partners   Value	PRO	DUCER					CT Christina	Oakley				
Sulte 400 Rention WA 98056  MINURER, ATTORONIC COVERAGE ALMOSTATIC MINURER AMORES AMOR	The	Partners Group Ltd				PHONE	(877) 45	55-5640	FAX (A/C, No):	(425)	155-6727	
Sulte 400   NALE # MALE # MA	111	1 Lake Washington Blvd N.				E-MAIL ADDRE	ss: coakley@	tpgrp.com	T(Ato, No).			
MSURED   M	Suit	te 400						SURER(S) AFFOR	RDING COVERAGE		NAIC#	
MAURIER   Bidgeway Insurance Company   12489  **Mourier   Nounier	Rer	nton			WA 98056	INSURE	The Ohio					
American Behavioral Health Systems, Inc. PO Box 141108  Spokane Valley  WA 99214  COVERAGES  CERTIFICATE NUMBER:  Spokane Valley  Spokane Valley  COVERAGES  CERTIFICATE NUMBER:  SPOKANE SPOK	INSU	RED					D. d. J	ay Insurance C	Company		12489	
Spokane Valley  WA 99214  MESURER 5:  MESURER 6:  MESURER 7:  REVISION NUMBER:  THIS IS TO CERTIFY THAT THE POLUCIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME DARVEY FOR THE POLICY PERIOD MOICHED. NOTWITHS HAVE DAVED SCHOOL HAVE BEEN ISSUED TO THE INSURED NAME DARVEY FOR THE POLICY PERIOD MOICHED. NOTWITHS HAVE DEED SCHOOL HAVE BEEN ISSUED TO THE INSURED NAME DARVEY FOR THE POLICY PERIOD MOICHED. NOTWITHS HAVE DEED SCHOOL HAVE BEEN ISSUED TO THE INSURED NAME DARVEY FOR THE POLICY PERIOD MOICHED. NOTWITHS HAVE DEED SCHOOL HAVE BEEN ISSUED TO THE INSURED NAME DARVEY FOR THE POLICY PERIOD MOICHED. NOTWITHS HAVE DEED SCHOOL HAVE BEEN ISSUED TO THE INSURED NAME DARVEY FOR THE POLICY PERIOD MOICHED. NOTWITH HAVE DEED SCHOOL HAVE BEEN INSURED DAY PAIN CLAME. IS SUBJECT TO ALL THE TERMS.  **REVISION NUMBER:**  **TYPE OF INSURANCE MICH AND INSURANCE LISTS SHOWN MAY HAVE BEEN REDUCTED BY PAIN CLAME. IS SUBJECT TO ALL THE TERMS.  **POLICY NUMBER:**  **COMMERCIAL CHARACTER AND INSURANCE MICH TO ALL THE TERMS.**  **POLICY NUMBER:**  **COMMERCIAL CHARACTER AND INSURANCE MICH TO ALL THE TERMS.**  **POLICY NUMBER:**  **TYPE OF INSURANCE MICH TO ALL THE TERMS.**  **POLICY NUMBER:**  **COMMERCIAL CHARACTER AND INSURANCE MICH TO ALL THE TERMS.**  **POLICY SHOWN MAY HAVE BEEN REDUCTED BY PAIN CLAME. IN SUBJECT TO ALL THE TERMS.**  **POLICY SHOWN MAY HAVE BEEN REDUCTED BY PAIN CLAME. IN SUBJECT TO ALL THE TERMS.**  **POLICY SHOWN MAY HAVE BEEN REDUCTED BY PAIN CLAME. IN SUBJECT TO ALL THE TERMS.**  **POLICY SHOWN MAY HAVE BEEN REDUCTED BY PAIN CLAME. IN SUBJECT TO ALL THE TERMS.**  **POLICY SHOWN MAY HAVE BEEN REDUCTED BY PAIN CLAME. IN SUBJECT TO ALL THE TERMS.**  **POLICY SHOWN MAY HAVE BEEN REDUCTED BY PAIN CLAME. IN SUBJECT BY PAIN CLAME. AND CLAME. AND CLAME. AND CLAME. AND CLAME. AND CLAME. AND CLAME.		American Behavioral Health Syst	tems	Inc.	i							
Spokane Valley  COVERAGES  CERTIFICATE NUMBER: 22-23 G.A. X. XP  THIS STO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED BROVE FOR THE POLICY PERIOD MONICATED. NAMEN PROJECT TO THE INSURED NAMED BROVE FOR THE POLICY PERIOD MONICATED. NAMEN PROJECT TO THE INSURED NAMED BROVE FOR THE POLICY PERIOD MONICATED. NAMEN PROJECT TO THE INSURED NAMED BROVE FOR THE POLICY PERIOD NAMEN THAT IS A COMMENT WITH INSURED NAMED BROVE FOR THE POLICY PERIOD NAMEN THAT IS A COMMENT WITH ISSUED TO THE INSURED NAMED BROVE FOR THE POLICY PERIOD NAMEN THAT IS A COMMENT WITH ISSUED TO THE INSURED NAMED BROVE FOR THE POLICY PERIOD NAMEN THAT IS A COMMENTAL OF CHARLES THE POLICY PERIOD NAMEN THAT IS A COMMENTAL OF CHARLES THAT IS A COMMENTAL OF CHARL		PO Box 141106										
Sockane Valley												
THIS IS TO CERTIFY THAT THE POLICIES OF INSUPANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANUED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REGULARISMS. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT THEN DOCUMENT THAT ISSUED OR MAY PERFORD TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERFORD THE POLICY PERFORD 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.    NEW		Spokane Valley			WA 99214							
INDICATED. NOTIFICATE AND PROJUCTES ANY RESISTED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERE IN SUBJECT TO ALL THE TERMS.  EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  COMMERCIAL GENERAL LABILITY  COMMERCIAL GENERAL LABILITY  OF COMMERCIAL LABILITY  OF	CO	VERAGES CERT	ΓΙFΙC	ATE I	NUMBER: 22-23 GL AL X	(S PL			REVISION NUMBER:			
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HERER IN SUBJECT TO ALL THE TERMS, EXCLUSIONS AND COMDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY ADDICAMS.  TYPE OF INSURANCE    CAMPS HADDE   OCCUPYED   O												
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE SEEN REDUCED BY PAID CLAIMS.    TYPE OF INSURANCE MISS   WW   POLICY NUMBER   POLICY FRY   POLI												
CAINS-MADE	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  TYPE OF INSURANCE  ADDL SWD INSD WOD POLICY NUMBER  ADDL SYD POLICY NUMBER  POLICY NUMBER  ADDL SYD POLICY SYD PRESS (Ea occurrence) \$ 50,000 PERSONAL & ADV INJURY \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000											
CAINS-MADE	INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
CLAIMS-MADE				1112			\	<u> </u>	EACH OCCURRENCE	s 1,00	0,000	
B	l	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 50,0	00	
B										\$ 5,00	0	
POLICY SET LOC OTHER ANY AUTO ANY AUTO ANY AUTO ANY AUTO AUTOSONLY	В		Υ		9HA7MM000203300		10/01/2022	10/01/2023		\$ 1,00	0,000	
POLICY PRODUCTS - COMPINOP AGG \$ 3,000,000 OTHER  AUTOMOBIC LIABBILITY ANY AUTO ONNED AUTOS ONLY AU	l	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	0,000	
A DOTHER:  A NOTOMORILE LIABILITY  A PROFISSIONAL LIABILITY  A NOTOMORILE LIABILITY  AND EMPLOYERS LIABILITY  BACAGORION SECRETION \$  BACHOCIC NUMBER LIABILITY  A NOTOMORI A RECEIVED SECRETION \$  BACHOCIC NUMBER LIABILITY  A NOTOMORI A RECEIVED SECRETION	1	POLICY PRO-		2,000,000								
ANY AUTO ANY AUTOS ONLY AUTOS ONL	l									\$		
ANY AUTO ONLY AUTOS ON		AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
AUTOS ONLY HORSE NON-OWNED AUTOS ONLY AUTOS		X ANY AUTO								\$		
HIRED   AUTOS ONLY   AUTOS ON	Α	OWNED SCHEDULED AUTOS			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$		
SUMBRELLALIAB EXCESS LIAB EXCESS LIAB EXCESS LIABILITY DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required by written contract, per attached form.    Canal Description of the Named Insured, as required by written contract, per attached form.    Canal Description of the Named Insured, as required by written contract, per attached form.    Canal Description of the Named 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, per attached form.    Canal Description of the Named Insured Center, LLC MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Property Services LLC   MK Propert	l	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
B EXCESS LIAB CLAMS-MADE    DED   RETENTION \$ 0										\$		
DED RETENTION \$ 0   \$   \$   \$   \$   \$   \$   \$   \$   \$		✓ UMBRELLA LIAB     ✓ OCCUR							EACH OCCURRENCE	\$ 4,00	0,000	
WORKERS COMPENSATION AND EMPLOYERS LIBILITY ANY PROPRIETOR/PARTNE/REXECUTIVE ANY PROPRIETOR/PARTNE/REXECUTIVE OFFICE/REMBER EXCLUBED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  B Professional Liability  Professional Liability  PHA7MM000203300  PHA	В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	0,000	
WORKERS COMPENSATION AND EMPLOYERS LIBILITY ANY PROPRIETOR/PARTNE/REXECUTIVE ANY PROPRIETOR/PARTNE/REXECUTIVE OFFICE/REMBER EXCLUBED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  B Professional Liability  Professional Liability  PHA7MM000203300  PHA		DED RETENTION \$ 0								\$		
B NAY PROPRIETOR/PARTNER/EXECUTIVE (MANDAGY in NH) (1994)  B Professional Liability (Mandagy in NH) (1994)  B Professional Liability (1994)  B Professional Center, LLC is 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, per attached form.  CERTIFICATE HOLDER  CANCELLATION  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		WORKERS COMPENSATION							PER STATUTE X OTH-	EL - W	A Stop Gap	
Mandatory in NH)   Searche under   Searche u	_		NI / A		01147444000202200		10/01/2022	10/01/2022		\$ 1,00	0,000	
B Professional Liability 9HA7MM00203300 10/01/2022 10/01/2023 Each Incident \$1,000,000 \$3,000,000  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Re: 7208 26th St NW, Ste A-100, Stanwood, WA 98292  JL Professional Center, LLC is 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, per attached form.  CERTIFICATE HOLDER  CANCELLATION  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		(Mandatory in NH)	N/A		911/47101101000203300		10/01/2022	10/01/2023	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	0,000	
B Professional Liability 9HA7MM000203300 10/01/2022 10/01/2023 Aggregate \$3,000,000  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Re: 7208 26th St NW, Ste A-100, Stanwood, WA 98292  JL Professional Center, LLC is 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, per attached form.  CERTIFICATE HOLDER  CANCELLATION  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		If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
B 9HA7MM000203300 10/01/2022 10/01/2023 Aggregate \$3,000,000  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Re: 7208 26th St NW, Ste A-100, Stanwood, WA 98292  JL Professional Center, LLC is 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, per attached form.  CERTIFICATE HOLDER  CANCELLATION  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		Professional Liability							Each Incident	\$1,0	00,000	
Re: 7208 26th St NW, Ste A-100, Stanwood, WA 98292  JL Professional Center, LLC is 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, per attached form.  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  MK Property Services LLC  AUTHORIZED REPRESENTATIVE	В	Fiolessional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	00,000	
Re: 7208 26th St NW, Ste A-100, Stanwood, WA 98292  JL Professional Center, LLC is 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, per attached form.  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  MK Property Services LLC  AUTHORIZED REPRESENTATIVE												
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Dehalf of the Named Insured, as required by written contract, per attached form.  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  MK Property Services LLC  AUTHORIZED REPRESENTATIVE	Re:	7208 26th St NW, Ste A-100, Stanwood, WA	9829	92								
Dehalf of the Named Insured, as required by written contract, per attached form.  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  MK Property Services LLC  AUTHORIZED REPRESENTATIVE	JIE	Professional Center, LLC is included as Additi	ional	Insure	ed on General Liability as thei	r interes	t mav appear a	as respects on	erations performed by or on			
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JL Professional Center, LLC  MK Property Services LLC  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE											) BEFORE	
MK Property Services LLC  AUTHORIZED REPRESENTATIVE		JL Professional Center. LI C										
AUTHORIZED REPRESENTATIVE												
		, , ,				AUTHO	RIZED REPRESEN	NTATIVE				

Snoqualmie

WA 98065



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.

	nis certificate does not confer rights to						may require	an endorsement. A stat	ement o	οn
PRO	DUCER				CONTAC NAME:	CT Christina	Oakley			
The	Partners Group Ltd				PHONE (A/C, No	(877) 45	55-5640	FAX (A/C, No):	(425)	455-6727
111	1 Lake Washington Blvd N.				E-MAIL ADDRE	coaklov@	tpgrp.com	T (Pagino):		
Sui	te 400				7.22.11		SURER(S) AFFOR	RDING COVERAGE		NAIC#
Rer	nton			WA 98056	INSURE	The Object		rance Company		24074
INSU	IRED				INSURE	RB: Bridgewa	ay Insurance C	Company		12489
	American Behavioral Health Sys	stems	, Inc.		INSURE	RC:				
	PO Box 141106				INSURE					
					INSURE	RE:				
İ	Spokane Valley			WA 99214	INSURE	RF:				
СО	VERAGES CER	TIFIC	ATE	NUMBER: 22-23 GL AL X	(S PL			REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF I IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T LICIE	:NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTRA	ACT OR OTHER IES DESCRIBEI CED BY PAID CL	R DOCUMENT I D HEREIN IS S _AIMS.	WITH RESPECT TO WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE X OCCUR						-	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00
								MED EXP (Any one person)	\$ 5,00	0
В		Y		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJURY	Ψ.	00,000
l	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000
	OTHER:		ļ					COMPUSED ON OUT A UNIT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	ANYAUTO							BODILY INJURY (Per person)	\$	
Α	OWNED AUTOS ONLY SCHEDULED AUTOS			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
1	HIRED NON-OWNED AUTOS ONLY							(Per accident)	\$	
ļ									\$	
	UMBRELLA LIAB OCCUR			01147114000004500		40/04/0000	10/04/0000	EACH OCCURRENCE	1 3	0,000
В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	0,000
	DED RETENTION \$ 0							PER OTH-	\$	IA Chan Can
1	AND EMPLOYERS' LIABILITY Y/N							PER STATUTE X OTH-		/A Stop Gap
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	4 00	00,000
	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	4 00	0,000
_	DÉSCRIPTION OF OPERATIONS below		-		-			E.L. DISEASE - POLICY LIMIT  Each Incident	Ψ	00,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate		000,000
				91 A7 WW000203300		10/01/2022	10/01/2023	Aggregate	ψ5,0	00,000
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	S (AC	OPD 1	01 Additional Pemarks Schedule	may be a	ttached if more st	nace is required)		Ь	
Kin ope	g County, its officers, officials, employees an rations performed by or on behalf of the Nar ly per attached form.	d age	nts ar	e included as Additional Insur	ed on G	eneral Liability	as their intere	st may appear as respects d Non-Contributory provisior	าร	
CE	RTIFICATE HOLDER			·	CANC	ELLATION_				
	King County Behavioral Health a MS: CNK-CHS-0400	and R	ecove	ery Division	THE ACC	EXPIRATION DECORDANCE WIT	PATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		) BEFORE
	401 5th Ave, Suite 400				AUTHO	RIZED REPRESEI	NTATIVE			
l	Seattle			WA 98104	1	~				



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

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u	is certificate does not confer rights to	tile t	erun	cate noider in neu of such								
PRO	DUCER				CONTAC NAME:	CT Christina	Oakley					
The	Partners Group Ltd				PHONE	(877) 45	55-5640	FAX (A/C No)	(425)	55-6727		
1111	Lake Washington Blvd N.				PHONE (A/C, No E-MAIL	ss. coakley@		[ (A/C, NO):	, ,			
	<u>-</u>				ADDRE	SS:		······				
Ren	e 400			WA 98056		The Ohio				NAIC #		
				VVA 30030	INSURE		<del></del>					
INSU					INSURE	RB: Bridgewa	ay insurance C	ompany 		12489		
	American Behavioral Health Sys	tems,	Inc.		INSURE	RC:						
	PO Box 141106				INSURE	RD:						
					INSURE	RE:						
	Spokane Valley			WA 99214	INSURE	RF:						
CO	/ERAGES CER	TIFIC	ATE I	NUMBER: 22-23 GL AL X	(S PL			REVISION NUMBER:				
TH	IS IS TO CERTIFY THAT THE POLICIES OF I	NSUR	ANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSU	RED NAMED A	BOVE FOR THE POLICY PER	IOD			
C	DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PO	NN, T	HE INS	SURANCE AFFORDED BY THE	E POLICI	IES DESCRIBEI	D HEREIN IS S					
INSR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP	LIMIT	·e			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		4.00	0.000		
								DAMAGE TO RENTED	FO 0			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	5.00			
_				0114744400000000		40/04/0000	10/01/0000	MED EXP (Any one person)	Ψ			
В				9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJURY	Ψ			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ .			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000		
	X ANY AUTO							BODILY INJURY (Per person)	\$			
Α	OWNED SCHEDULED AUTOS			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	\$			
	AUTOS ONLY							(Per accident)	\$			
	➤ UMBRELLA LIAB ➤ OCCUR							EAGU GOOURDENGE	a 4.00	0.000		
В	EVOTOC LIAD			9HATUM000201500		10/01/2022	10/01/2023		9			
	CLAIMS-MADE							AGGREGATE	\$ ,,,,,	-,		
	DED RETENTION \$ 0 WORKERS COMPENSATION							PER OTH-	\$ FL - \//	A Ston Gan		
	AND EMPLOYERS' LIABILITY Y/N							•				
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023		4.00			
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	Ψ			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	Φ .	·		
	Professional Liability							Each Incident		· ·		
В	-			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	00,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
Evid	ence of Insurance											
									•			
CEF	RTIFICATE HOLDER				CANC	ELLATION						
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  Attn: Jessica Willard											
	19120 SE 34th St., 2nd Floor				AUTHO	RIZED REPRESEN	TATIVE	### AFFORDING COVERAGE   NAIC ## y Insurance Company   24074				
	Vancouver			WA 98683		~		$\mathcal{I}$	N NUMBER:   RTHE POLICY PERIOD			
	ı			**** 30003	1							



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

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	is certificate does not confer rights to			-	•	•	may require	an endorsement. A state	ement d	on
_	DUCER				CONTAC NAME:		Oakley			
The	Partners Group Ltd				PHONE (A/C, No	(877) 45	55-5640	FAX (A/C, No):	(425)	55-6727
111	1 Lake Washington Blvd N.				E-MAIL ADDRES	coaklov@	tpgrp.com	[ (A/C, NO).		
Sui	te 400				ADDITE		SURER(S) AFFOR	RDING COVERAGE		NAIC#
Rer	nton			WA 98056	INSURE	Th - Oh!-		rance Company		24074
INSU	RED				INSURE	Dalabassas	ay Insurance C	ompany		12489
	American Behavioral Health Sys	stems	Inc.		INSURE					
	PO Box 141106				INSURE					
					INSURE					
	Spokane Valley			WA 99214	INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER: 22-23 GL AL X	S PL			REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUIRENTIFICATE MAY BE ISSUED OR MAY PERTACLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI OLICIE	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTRA POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT \ D HEREIN IS SI _AIMS.	WITH RESPECT TO WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	<b>\$ 1,00</b>	0,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00
								MED EXP (Any one person)	\$ 5,00	0
В		Y		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJURY	<b>\$ 1,00</b>	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ .	0,000
	POLICY PRO- JECT LOC	ŀ						PRODUCTS - COMP/OP AGG	\$ 3,00	0,000
	OTHER:	ļ							\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
Α	AUTOS ONLY AUTOS HIRED NON-OWNED			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
_	WIMBRELLA LIAB OCCUR			011471114000004500		40/04/0000	40/04/0000	EACH OCCURRENCE	Ψ	0,000
В	EXCESS LIAB CLAIMS-MADE	-		9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	0,000
	DED RETENTION \$ 0	-						PER OTH	\$	A Ctor Cor
	AND EMPLOYERS' LIABILITY Y/N							PER STATUTE X OTH-		A Stop Gap
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	4 00	0,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$ 1,00 \$ 1,00	
	DÉSCRIPTION OF OPERATIONS below	$\vdash$						E.L. DISEASE - POLICY LIMIT  Each Incident	<u> </u>	00,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate		00,000
_				01111111111000200000		10/01/2022	10/01/2020	, nggregate	Ψο,σ	00,000
Nor	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICL th Sound Behavioral Health Organization, L formed by or on behalf of the Named Insurer	LC is i	nclude	ed as Additional Insured on G	eneral L	iability as their		I appear as respects operation	as	
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	North Sound Behavioral Health 301 Valley Mall Way, Suite 110	Orgar	izatio	n, LLC	THE ACC	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE
						سع		- 1		
	Mount Vernon			WA 98273		•		<i>&gt;</i> .\\		



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.

th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such						
PRO	DUCER				CONTAC NAME:	Christina	Oakley			
The	Partners Group Ltd				PHONE (A/C, No	o. Ext): (877) 4	55-5640	FAX (A/C, I	No): (425) 4	55-6727
1111	I Lake Washington Blvd N.				(A/C, No E-MAIL ADDRE	ss. coakley@	tpgrp.com			
Suit	e 400				ADDITE		STIDED(S) AEEOE	RDING COVERAGE		NAIC #
Ren				WA 98056		The Ohio	·	irance Company		24074
_					INSURE	Dridge.us	ay Insurance C			12489
INSU					INSURE	RB: Blidgewa	ay irisurance C			12409
	American Behavioral Health Sys	tems,	Inc.		INSURE	RC:				
ŀ	PO Box 141106				INSURE	RD:				
					INSURE	RE:				
	Spokane Valley			WA 99214	INSURE	RF:				
CO	/ERAGES CERT	ΓIFIC.	ATE	NUMBER: 22-23 GL AL X	(S PL			REVISION NUMBER:		
IN CI	IIS IS TO CERTIFY THAT THE POLICIES OF II DICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PO	REMEI JIN, TH LICIES	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTRA	ACT OR OTHER ES DESCRIBEI ED BY PAID CI	R DOCUMENT \ D HEREIN IS S _AIMS.	WITH RESPECT TO WHIC	CH THIS	
INSR LTR		ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	.IMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000	0,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	
	OLAIMIC-MIADE P GOODIN							MED EXP (Any one person)	\$ 5,00	
В		Y		9HA7MM000203300		10/01/2022	10/01/2023		1 00	0,000
		·		0.1.1.1.1.1.1.00020000		10,01,2022	10/01/2020	PERSONAL & ADV INJURY	3.00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		0,000
	POLICY LOC LOC							PRODUCTS - COMP/OP AG	U 4	0,000
	OTHER:							COMPINED ON OUT IN INT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	X ANY AUTO							BODILY INJURY (Per person	) \$	
Α	OWNED SCHEDULED AUTOS ONLY			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accide	nt) \$	
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS GNET							(i or deolectiv)	\$	
	✓ UMBRELLA LIAB    ✓ OCCUR							EACH OCCURRENCE	4,00	0,000
В	H <sub>EYOFOOLUR</sub> H <sup>OCCOR</sup> I			9HATUM000201500		10/01/2022	10/01/2023		4 00	0,000
	CLAIMS-MADE			017110111000201000		10/01/2022	10/01/2020	AGGREGATE	-+*	
	DED RETENTION \$ 0							I PER I OT	\$ H-   E1 \A/	A Stan Can
	AND EMPLOYERS' LIABILITY							PER STATUTE X OTI		A Stop Gap
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	\$ 1,00	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOY	Ψ	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	IT \$ 1,00	0,000
	Professional Liability							Each Incident	\$1,0	00,000
В	Professional Elability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	00,000
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE		000	04 Additional Description Color 1		Washad 15		<u> </u>		
Nort	th Sound Mental Health Association, its office appear as respects operations performed b	ers, of	ficials	s, employees and agents are i	included	as Additional l	Insured on Gei		erest	
CEF	RTIFICATE HOLDER	-			CANC	ELLATION				
	North Sound Mental Health Asso 301 Valley Mall Way, Suite 110	ociatio	n		SHO THE ACC	ULD ANY OF T EXPIRATION D ORDANCE WIT	OATE THEREO	SCRIBED POLICIES BE F, NOTICE WILL BE DELI Y PROVISIONS.		BEFORE
	,,				AUTHO	RIZED REPRESEI	NTATIVE			
	Mount Vernon			WA 98273		~				



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

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t	his certificate does not confer rights to			•		•	may require	an chaorsement.	A Statement C	<b>,,,</b>
PRO	DUCER				CONTAC NAME:	CT Christina	Oakley			
The	e Partners Group Ltd				PHONE (A/C, No	(877) 45	55-5640	FA (A	X (C, No): (425) 4	155-6727
111	1 Lake Washington Blvd N.				E-MAIL ADDRE	analday@	tpgrp.com	1.4.5		
Sui	te 400				7		SURER(S) AFFOR	RDING COVERAGE		NAIC#
Re	nton			WA 98056	INSURE	The Oblin	<u>-</u>	rance Company		24074
INSI	JRED				INSURE	D.:!.d	ay Insurance C	ompany		12489
	American Behavioral Health Sys	stems	, Inc.		INSURE					
	PO Box 141106				INSURE					
					INSURE					
	Spokane Valley			WA 99214	INSURE			<del></del>		
co	VERAGES CER	TIFIC	ATE	NUMBER: 22-23 GL AL X	<del></del>			REVISION NUMBE	R:	<del></del>
T	HIS IS TO CERTIFY THAT THE POLICIES OF I				ISSUED	TO THE INSU	RED NAMED AI	BOVE FOR THE POLIC	CY PERIOD	
	NDICATED. NOTWITHSTANDING ANY REQUI									
	ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH PO							UBJECT TO ALL THE	TERMS,	
INSR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(MIM/DD/TTTT)	(MM/DD/TTTT)	EACH OCCURRENCE		0,000
l	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	50.0	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurren	5.00	
В		Υ		9HA7MM000203300		10/01/2022	10/01/2023	MED EXP (Any one perso	1.00	0,000
								PERSONAL & ADV INJU	3.00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	3.00	0,000
	POLICY JECT LOC							PRODUCTS - COMP/OP	AGG   \$ -,	
<b>—</b>	OTHER: AUTOMOBILE LIABILITY		·					COMBINED SINGLE LIM		0.000
1	X ANY AUTO							(Ea accident) BODILY INJURY (Per per		
A	OWNED SCHEDULED			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per acc		
``	AUTOS ONLY AUTOS NON-OWNED			2.0.001.01.0		10/01/2022	10/01/2020	PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
<u> </u>	➤ UMBRELLA LIAB ➤ OCCUP								4.00	0,000
В	EXOCOLUAD CCCOR			9HATUM000201500		10/01/2022	10/01/2023	EACH OCCURRENCE	1 1 00	0,000
٦	CLAIMS-WADE			011/11/01/1000201000		10/01/2022	10/01/2020	AGGREGATE	\$ 4,00	3,000
	DED RETENTION \$ 0							PER STATUTE	OTH- EL-W	A Stop Gap
	AND EMPLOYERS' LIABILITY Y / N								4.00	0,000
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	1 00	0,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPI	4.00	
-	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY  Each Incident	<del></del>	00,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	' '	00,000
				311/1/1/1/1/1000200000		10/01/2022	10/01/2020	/ Aggregate	Ψο,σ	50,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (A)	OPD 1	01 Additional Pomarke Schodule	may be a	tached if more er	nace is required)			
1	eation: 1504 E Springfield Ave., Suite 201, Sp				illay be a	uached il more sp	pace is required;			
Loc	ation. 1304 E Springheid Ave., Suite 201, Sp	OKaii	c valid	y, VVA 99031						
	ng Corporation is included as Additional Insur				eneral Lia	ability as their i	nterest may ap	pear in the above cap	ptioned	
pre	mises, as respects written agreement with th	e ivai	neu ii	isurea.						
CE	RTIFICATE HOLDER				CANC	ELLATION				
					SHO	UI D ANY OF T	HE AROVE DE	SCRIBED POLICIES E	RE CANCELLED	) REFORE
1					THE	EXPIRATION D	DATE THEREO	F, NOTICE WILL BE D		VIL
1	Pring Corporation				ACC	ORDANCE WIT	TH THE POLIC	PROVISIONS.		
	15404 E. Springfield Ave.				411=	DIZED DESCRI	NTATINE		·	
	Suite 200				AUTHO	RIZED REPRESE!	NIAIIVE	- ^		
	Spokane Valley			WA 99037	ļ .	~		$\gg$ 11		



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

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PRO	DUCER		•		CONTAC NAME:	CT Christina	Oakley			
The	Partners Group Ltd				PHONE	(877) 45	55-5640	FAX (A/C, I	(425)	455-6727
ı	Lake Washington Blvd N.				(A/C, No E-MAIL	), EXT): '		[ (A/C, I	10): ( /	
l	•				ADDRE	33: , ,				·
l .	e 400			1414 00070			····	DING COVERAGE		NAIC#
Rer	ton			WA 98056	INSURE		<u>·</u>	irance Company		24074
INSU	RED				INSURE	RB: Bridgewa	ay Insurance C	ompany		12489
	American Behavioral Health Sys	tems	, Inc.		INSURE	RC:				
	PO Box 141106				INSURE	RD:				
					INSURE	RE:				
	Spokane Valley			WA 99214	INSURE	RF.				
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 22-23 GL AL X				REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES OF I	NSUF	RANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSU			PERIOD	
1	DICATED. NOTWITHSTANDING ANY REQUIR									
	ERTIFICATE MAY BE ISSUED OR MAY PERTA							UBJECT TO ALL THE TER	≀MS,	
	(CLUSIONS AND CONDITIONS OF SUCH PO		S. LIM	ITS SHOWN MAY HAVE BEEN	REDUC			-		
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	- P	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	100
								MED EXP (Any one person)	\$ 5,00	10
В		Υ		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
1	PRO-							PRODUCTS - COMP/OP AG	G \$ 3,00	00,000
l	OTHER:							TROBUCTO COMITTOT AC	\$	
	AUTOMOBILE LIABILITY				_			COMBINED SINGLE LIMIT	\$ 1,00	00.000
								(Ea accident) BODILY INJURY (Per person		-,,,,,
١,	ANY AUTO OWNED SCHEDULED			BAA60145476		10/01/2022	10/01/2023		<del>`   .</del>	
Α	AUTOS ONLY AUTOS NON-OWNED			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accide PROPERTY DAMAGE		
l	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
	➤ UMBRELLA LIAB							EACH OCCURRENCE	\$ 4,00	00,000
В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	00,000
i	DED X RETENTION \$ 0								\$	
	WORKERS COMPENSATION							PER STATUTE X OT	H- EL-W	VA Stop Gap
_	AND EMPLOYERS' LIABILITY  Y / N  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT		00,000
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. DISEASE - EA EMPLOY	1.00	00,000
	If yes, describe under							E.L. DISEASE - POLICY LIM	1.00	00,000
-	DÉSCRIPTION OF OPERATIONS below							Each Incident	Π φ	000.000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	1 '	000,000
-				911A71VIIVIOU0203300		10/01/2022	10/01/2023	Aggregate	φ5,0	,000,000
			<u></u>	L						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	•			•	•				
	sh Behavioral Health Organization is include or on behalf of the Named Insured, as require				lity as th	ieir interest ma	y appear as re	spects operations perfor	med	
l by c	on behall of the Named Insured, as require	su by	WILLE	ii contract.						
l										
l										
	TITICATE HOLDER				CANC	ELL ATION				
CEI	RTIFICATE HOLDER				LANC	ELLATION				
					SHO	III D ANY OF T	HE AROVE DE	SCRIBED POLICIES BE	CANCELLE	D REFORE
l					1			F, NOTICE WILL BE DELI		- 32. G.V.
	Salish Behavioral Health Organi:	zatior	ı		ACC	ORDANCE WIT	TH THE POLIC	Y PROVISIONS.		
	614 Division Street									
l	***************************************				AUTHO	RIZED REPRESEI	NTATIVE	_		
	Port Orchard			WA 98366		~				



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

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	SUBROGATION IS WAIVED, subject to his certificate does not confer rights to						may require	an endorsement. A state	ment o	on
	DUCER		,011111	tate notati in nea or saoi	CONTAC		Dakley			
	Partners Group Ltd				NAME: PHONE	(877) AF		FAX (A/C, No):	(425) 4	55-6727
	1 Lake Washington Blvd N.				(A/C, No, E-MAIL	coakley@:		[ (A/C, No):	(120)	
	te 400				ADDRES	3.				
	nton			WA 98056		The Ohio		Irance Company		NAIC #
				VVA 96030	INSURE	Dalabarra				12489
INSU	RED	-4	la a		INSURE	RB: Blidgewa	y Insurance C	Опрану		12409
	American Behavioral Health Sy	stems	, IIIC.		INSURE	₹ C :				
	PO Box 141106				INSURE	R D :				
				14/4 00047	INSURE	RE:				
	Spokane Valley			WA 99214	INSURE	RF:				
		_		NUMBER: 22-23 GL AL X		TO THE INCHE		REVISION NUMBER:	00	
	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU									
	ERTIFICATE MAY BE ISSUED OR MAY PERT								0	
	XCLUSIONS AND CONDITIONS OF SUCH PO				REDUC					····
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY			•				EACH OCCURRENCE	\$ 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00
								MED EXP (Any one person)	\$ 5,00	0
В		Υ		9HA7MM000203300	ļ	10/01/2022	10/01/2023	PERSONAL & ADV INJURY	\$ 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	X ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS ONLY			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$	2000
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET							(i di doldoni)	\$	
	✓ UMBRELLA LIAB ✓ OCCUR			, . ,				EACH OCCURRENCE	s 4,00	0,000
В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	0,000
	DED RETENTION \$ 0	1						AGGREGATE	¢	
	WORKERS COMPENSATION	<u> </u>						PER STATUTE X OTH-	EL - W	A Stop Gap
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	s 1,00	0,000
В	OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300	l	10/01/2022	10/01/2023		\$ 1,00	
	If yes, describe under DESCRIPTION OF OPERATIONS below				ŀ			E.L. DISEASE - POLICY LIMIT	s 1,00	
	DESCRIPTION OF OPERATIONS below	1						Each Incident	<u> </u>	00,000
В	Professional Liability			9HA7MM000203300	ŀ	10/01/2022	10/01/2023	Aggregate		00.000
_								1.933	* - 1 -	,
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01 Additional Remarks Schedule	may he at	tached if more sr	nace is required)	I		- 2011 3.
	kane County Community Services Housing							l iahility as their interest may		
	ear as respects operations performed by or									
CE	RTIFICATE HOLDER	_			CANC	ELLATION				
	Spokane County Community So	ervices	s Hous	sing	THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE
	and Comm. Dev. Dept.				AUTHOR	IZED REPRESEN	TATIVE		-	
	312 W 8th Ave 4th Floor							- 1		
	Cnakana			WW DOODS	ł	•		3. II		



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

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th	is certificate does not confer rights to	the o	ertifi	cate holder in lieu of such						
PRO	DUCER			•	CONTAC NAME:	Christina	Oakley			
The	Partners Group Ltd				PHONE (A/C, No	(877) /	55-5640		FAX (A/C, No): (425)	455-6727
111	Lake Washington Blvd N.				E-MAIL ADDRE	coaklev@	tpgrp.com	•		
Suit	e 400				7.22.1.2		SURER(S) AFFOR	DING COVERAGE		NAIC#
Rer	ton			WA 98056	INSURE	The Object		rance Company		24074
INSU	RED	-			INSURE	Daidaaa	ay Insurance C	ompany	· · · · · · · · · · · · · · · · · · ·	12489
	American Behavioral Health Sy	stems	Inc				-,			12.00
	PO Box 141106	0.01110	, 1110.		INSURE				7	
	1 0 Box 141100				INSURE					-
	Spokane Valley			WA 99214	INSURE					
					INSURE	RF:				
				NOMBER.		TO THE INCH		REVISION NUME		
	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU									
	ERTIFICATE MAY BE ISSUED OR MAY PERT									
	CLUSIONS AND CONDITIONS OF SUCH PO			ITS SHOWN MAY HAVE BEEN	REDUC					
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D rence) \$ 50,	000
								MED EXP (Any one pe	erson) \$ 5,0	00
В				9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV IN	1.0	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	20	00,000
	PRO-							PRODUCTS - COMP/	2.0	00,000
								PRODUCTS - COMP	S S	
	OTHER: AUTOMOBILE LIABILITY	+						COMBINED SINGLE	<del></del>	00,000
	X ANY AUTO	İ						(Ea accident) BODILY INJURY (Per		00,000
Α	OWNED SCHEDULED			BAA60145476		10/01/2022	10/01/2023		<del></del>	·····
^	AUTOS ONLY AUTOS NON-OWNED			BAA00145470		10/01/2022	10/01/2023	BODILY INJURY (Per PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident)		
		ļ	ļ						\$	
_	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	<u> </u>	00,000
В	EXCESS LIAB CLAIMS-MADE	4		9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,0	00,000
	DED   RETENTION \$ 0	<u> </u>							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE >	ER	VA Stop Gap
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDEN		00,000
_	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			0.0.0.000		10/01/2022	10/01/2020	E.L. DISEASE - EA EN		00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CYLIMIT \$ 1,0	00,000
	Professional Liability							Each Incident	\$1,	000,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,	000,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)			
Evic	ence of Insurance Only.									
	•									
				· · · · · · · · · · · · · · · · · · ·						
CEF	TIFICATE HOLDER				CANC	ELLATION				
					eno	III D ANV OF T	HE ABOVE DE	SCRIBED DOLLCIE	C DE CANCELLE	D DEFORE
								SCRIBED POLICIE: F, NOTICE WILL BE		.D BEFORE
	State of Washington Departmen	nt of Li	censir	ng				PROVISIONS.		
	Master License Service			Ĭ						
	P.O. Box 9034				AUTHO	RIZED REPRESE	NTATIVE			
	Olympia			MA 98507		~		7		



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.

tł	nis certificate does not confer rights to			•	•	•	may require	an endorsement	. A statement	011
PRO	DUCER				CONTAC NAME:	Christina	Oakley			
The	Partners Group Ltd				PHONE	(877) 4	55-5640		FAX (A/C, No): (425)	455-6727
111	1 Lake Washington Blvd N.				(A/C, No E-MAIL ADDRE	a a a lula u (A)	tpgrp.com		(A/C, NO).	
Suit	re 400				ADDRE		SURER(S) AFFOR	RDING COVERAGE		NAIC#
Rer	nton			WA 98056	INSURE	The Ohio		rance Company		24074
INSU	RED				INSURE	Dalalaa	ay Insurance C	ompany		12489
	American Behavioral Health Sy	stems	Inc.		INSURE		<u> </u>			
	PO Box 141106				INSURE					
					INSURE				***************************************	
	Spokane Valley			WA 99214	INSURE					
CO	VERAGES CEF	TIFIC	ATE	NUMBER: 22-23 GL AL X		KI.		REVISION NUME	BER:	L
	HIS IS TO CERTIFY THAT THE POLICIES OF				ISSUED	TO THE INSU				
	DICATED. NOTWITHSTANDING ANY REQU									
	ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO							OBJECT TO ALL TH	E IERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	T		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
LIK	COMMERCIAL GENERAL LIABILITY	INSU	WVD	TOLIOT NOMBER		(MIM/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE	1.00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTEL PREMISES (Ea occurr	50.0	
	CEANVIS-IVIADE 2 OCCUR							MED EXP (Any one pe	5.00	
В		Y		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV IN	1.00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	3 00	00,000
	PRO-							PRODUCTS - COMP/	3.00	00,000
	POLICY JECT LOC OTHER:							FRODUCTS - CONIF/	\$	
	AUTOMOBILE LIABILITY	<u> </u>						COMBINED SINGLE L (Ea accident)	-IMIT \$ 1,00	00,000
	ANYAUTO							BODILY INJURY (Per	person) \$	
Α	OWNED SCHEDULED			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per	accident) \$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	· I	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	✓ UMBRELLA LIAB    ✓ OCCUR	<del>                                     </del>						EACH OCCURRENCE	\$ 4,00	00,000
В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	- + *	00,000
	DED RETENTION \$ 0	1						AGGILGAIL	φ	
	WORKERS COMPENSATION							PER STATUTE	C PTH- EL - W	/A Stop Gap
_	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	1.00	00,000
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. DISEASE - EA EN	100	00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	4.00	
								Each Incident		000,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	000,000
TMI	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL BH-ASO, THURSTON COUNTY, MASON C TE are included as Additional Insured on G Ired, as required by written contract, per the	OUNT eneral	Y, the Liabil	eir respective elected and appelity as their interest may appe	ointed o	fficers, officials	, employees, a			
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	TMBH-ASO 612 Woodland Square Loop SE				THE	<b>EXPIRATION</b>	DATE THEREO	SCRIBED POLICIES F, NOTICE WILL BE Y PROVISIONS.		D BEFORE
	Ste 401				AUTHO	RIZED REPRESEI	NTATIVE			
	Sie 401 Lacey			WA 98503-1070		~		$\gg U$		



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

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PRO	DUCER				CONTAC NAME:	T Christina (	Dakley			
The	Partners Group Ltd				PHONE	(877) 45	55-5640	FAX (A/C, No):	(425) 4	55-6727
1111	Lake Washington Blvd N.				(A/C, No E-MAIL	coaklov@	tpgrp.com	[ (A/C, NO).		
	e 400				ADDRES	13.				
Ren				WA 98056		The Obje		rance Company		NAIC # 24074
INSU					INSURE	Dridgesse	y Insurance C			12489
INSU		stama	Ina		INSUREI	<u> </u>	iy insurance C			12409
	American Behavioral Health Sys	stems	, Inc.		INSURE	RC:				
	PO Box 141106				INSURE	RD:				
					INSURE	RE:				
ļ	Spokane Valley			WA 99214	INSURE	RF:				
CO	/ERAGES CER	TIFIC	ATE I	NUMBER: 22-23 GL AL X	SPL			REVISION NUMBER:		
IN CI E)	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA ICLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI OLICIE	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA E POLICII	CT OR OTHER ES DESCRIBEI ED BY PAID CL	DOCUMENT V DHEREIN IS SI AIMS.	WITH RESPECT TO WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00
								MED EXP (Any one person)	\$ 5,00	0
В				9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJURY	<u> </u>	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								<u> </u>	0,000
	PRO-							GENERAL AGGREGATE	3.00	0,000
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000
	OTHER: AUTOMOBILE LIABILITY	<del> </del>						COMBINED SINGLE LIMIT	\$ 1,00	0.000
	<del></del>							(Ea accident)		0,000
	ANY AUTO OWNED SCHEDULED			DAACO44E47C		40/04/0000	40/04/0000	BODILY INJURY (Per person)	\$	
Α	AUTOS ONLY AUTOS NON-OWNED			BAA60145476	l	10/01/2022	10/01/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
	WIMBRELLA LIAB OCCUR				1			EACH OCCURRENCE	\$ 4,00	0,000
В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500	1	10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	0,000
	DED RETENTION \$ 0								\$	
	WORKERS COMPENSATION							PER STATUTE X OTH-	EL - W	A Stop Gap
	ANY PROPRIETOR/PARTNER/EXECUTIVE	l		0114714140000000000		40/04/2022	40/04/0000	E.L. EACH ACCIDENT	s 1,00	0,000
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9HA7MM000203300	ľ	10/01/2022	10/01/2023	E.L. DISEASE - EA EMPLOYEE	s 1,00	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				ŀ			E.L. DISEASE - POLICY LIMIT		0,000
		$\vdash$						Each Incident	_	00,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate		00,000
_						10/0/1/2022		. 199. 094.0	40,0	00,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLI	S (AC	OPD 1	01 Additional Pamarka Sahadula	may be at	lacked if more on	ann in roquired)		L	
		-5 (AC	OKD II	or, Additional Remarks Schedule,	iliay be at	lacileu il more sp	ace is required)			
EVIO	ence of Insurance									
CEF	TIFICATE HOLDER				CANC	ELLATION				
	Tradesmen International, LLC 5113 Pacific Highway East				ACC	EXPIRATION D DRDANCE WIT	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER F PROVISIONS.		) BEFORE
	Suite 1			İ	AUTHOR	IZED REPRESEN	ITATIVE			
	Fife			WA 98424						
	I IIC			VVA 30424			<b>-</b>			



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					001174	· · · · · · · · · · · · · · · · · · ·					
PRO	DUCER				CONTAC NAME:	Ombina	·············				
The	Partners Group Ltd				PHONE (A/C, No	(877) 45 (Ext):	55-5640		FAX (A/C, No):	(425) 4	55-6727
111	Lake Washington Blvd N.				E-MAIL ADDRES	coaklov@	tpgrp.com		*		
Suit	e 400						SURER(S) AFFOR	RDING COVERAGE			NAIC#
Rer	ton			WA 98056	INSURE	The Ohio		rance Company	-		24074
INSU	RED				INSURE	Dalalassus	ay Insurance C	ompany			12489
	American Behavioral Health Sys	tems,	Inc.		INSURE						
	PO Box 141106				INSURE						***************************************
					INSURE						
	Spokane Valley			WA 99214	INSURE				-		
CO		IEIC	ATE I	NUMBER: 22-23 GL AL X		KF:		REVISION NUMI	RED:		
	HIS IS TO CERTIFY THAT THE POLICIES OF I			NOMBER.		TO THE INSUE				OD.	
IN C	DICATED. NOTWITHSTANDING ANY REQUIRENTIFICATE MAY BE ISSUED OR MAY PERTAKCLUSIONS AND CONDITIONS OF SUCH POI	REME IN, Th	NT, TE HE INS	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA POLICI	CT OR OTHER	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO	WHICH TH		
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	MAD	, only nomber		(	(minipol1111)	EACH OCCURRENC			0,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D	\$ 50,0	00
								MED EXP (Any one p	person)	\$ 5,00	0
В		Υ		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV IN	NJURY	\$ 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$ 3,00	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP.	OP AGG	\$ 3,00	0,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,00	0,000
	X ANY AUTO							BODILY INJURY (Per	r person)	\$	
Α	OWNED SCHEDULED AUTOS ONLY			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per	r accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGI (Per accident)	E	\$	
	ACTOS CINET							At at abolderity		\$	
	➤ UMBRELLA LIAB ➤ OCCUR							EACH OCCURRENC	:F	s 4,00	0,000
В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE		4,00	0,000
	DED X RETENTION \$ 0							ACCITECATE	1	¢ .	
	WORKERS COMPENSATION			41.4. ****				PER STATUTE >	OTH-	EL - W	A Stop Gap
_	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE					40/04/0000	4010410000	E.L. EACH ACCIDEN		s 1,00	0,000
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. DISEASE - EA E		\$ 1,00	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI		<del>-</del>	0,000
	DESCRIPTION OF OF EIGHTONS BEIOW							Each Incident	ICT LIMIT	\$1.0	00.000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate		\$3.0	00,000
								00 0			,
DES	L	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	pace is required)				
Port Um <sub>l</sub> loca	Loan #10824793 & 10527507 Locations: 44 Angeles, WA 98362 & 500 SE Washington oqua Bank ISAOA/ATIMA is included as Addi tions. RA Enterprises LLC is included as a Named	Aveni tional	ue, Cl I Insur	nehalis, WA 98532			•	•	•		
	TIFICATE LIGHT				0	F11 /=:5::	<del></del>				
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	Umpqua Bank ISAOA/ATIMA PO Box 2888				ACC	EXPIRATION D	ATE THEREOI	SCRIBED POLICIE F, NOTICE WILL BE Y PROVISIONS.			) BEFORE
						~		7			
	Coppell			TX 75019		•	_	<i>→</i> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			



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PRO	DUCER				CONTAC NAME:	Christina (	Oakley			
The	Partners Group Ltd				PHONE (A/C, No	(877) 45	55-5640		FAX (A/C, No): (425	5) 455-6727
111	Lake Washington Blvd N.				E-MAIL ADDRES	ss: coakley@	tpgrp.com	ш.	<u> </u>	
Suit	e 400				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SURFR(S) AFFOR	DING COVERAGE		NAIC#
Ren	ton			WA 98056	INSURE	The Ohio		rance Company		24074
INSU	RED				INSURE	D.::-I	y Insurance C	ompany		12489
	American Behavioral Health Sys	stems	Inc.		INSURE					
	PO Box 141106				INSURE					
					INSURE					
	Spokane Valley			WA 99214						
CO		TIFIC	ΔTE	NUMBER: 22-23 GL AL X	INSURE	KF;		REVISION NUMB	ED.	
	IIS IS TO CERTIFY THAT THE POLICIES OF I				ISSUED	TO THE INSUE		<del></del>		· · · · · · · · · · · · · · · · · · ·
	DICATED. NOTWITHSTANDING ANY REQUI									
	ERTIFICATE MAY BE ISSUED OR MAY PERTA (CLUSIONS AND CONDITIONS OF SUCH PO							UBJECT TO ALL THE	E TERMS,	
INSR LTR			SUBR WVD		KEDUC	POLICY EFF	POLICY EXP			·
LTR	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	000,000
ı								EACH OCCURRENCE DAMAGE TO RENTED	5 + 50	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurre	rence) \$ 50	0,000
_				011474400000000		40/04/0000	40/04/0000	MED EXP (Any one pe	μ ψ	000
В		Y		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV IN.	301(1 3	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	1 3	000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/C	OP AGG \$ 3,	000,000
	OTHER:				,				\$	
	AUTOMOBILE LIABILITY	l						COMBINED SINGLE L (Ea accident)	.IMIT \$ 1,	000,000
	× ANY AUTO							BODILY INJURY (Per p	person) \$	
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per a	accident) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	Acres sing.								\$	
	➤ UMBRELLA LIAB ➤ OCCUR							EACH OCCURRENCE	s 4,	000,000
В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE		000,000
	DED RETENTION \$ 0							NOOREGATE	- 4	
	WORKERS COMPENSATION							PER STATUTE X	OTH- EL-	WA Stop Gap
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								1	000,000
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	1	000,000
	If ves, describe under							E.L. DISEASE - EA EM	AFLOTEL 5	000,000
	DÉSCRIPTION OF OPERATIONS below	<b></b> -						E.L. DISEASE - POLICE	ZI LIIVIII D	1,000,000
В	Professional Liability	i		9HA7MM000203300		10/01/2022	10/01/2023	Aggregate		3,000,000
_				01 // (1 MIN 1000200000		10/01/2022	10/01/2020	/ iggregate	"	,,000,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	E /AC	OPD 4	04 Additional Damarka Sabadula		Manhad if man a				
	hington State Apple Blossom Festival Associated	•			•	·		ed Liability as their i	intornat	
	appear as respects operations performed b							at Liability as titell t	meresi	
		•				-				
CEF	TIFICATE HOLDER				CANC	ELLATION				
					SHO	UI D ANY OF T	HF ABOVE DE	SCRIBED POLICIES	S RE CANCELL	ED BEFORE
					THE	<b>EXPIRATION D</b>	ATE THEREOF	, NOTICE WILL BE		
	Washington State Apple Blossor	n Fes	tival A	ssociation	ACC	ORDANCE WIT	H THE POLICY	PROVISIONS.		
City of Wenatchee										
	PO Box 2836				AUTHOR	RIZED REPRESEN	ITATIVE			
	Wenatchee			WA 98807				$\gg ll$		
	1							///		



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

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	no continuate accoment content rights to					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	DUCER				CONTAC NAME:	Omisima					
The	Partners Group Ltd				PHONE (A/C, No	, Ext): (877) 45	55-5640	F	FAX (A/C, No):	(425) 4	55-6727
111	1 Lake Washington Blvd N.				E-MAIL ADDRES	ss: coakley@	tpgrp.com				
Suit	te 400						SURER(S) AFFOR	RDING COVERAGE			NAIC#
Rer	iton			WA 98056	INSURE	Th - Oh!-	<del></del>	urance Company			24074
INSU	RED			×	INSURE	Dridge	ay Insurance C	Company			12489
	American Behavioral Health Syst	tems,	Inc.		INSURE		***************************************				
	PO Box 141106				INSURE						
					INSURE						
	Spokane Valley			WA 99214	INSURE						
CO	<del></del>	TIFIC	ΔTF I	NUMBER: 22-23 GL AL X		Nr:		REVISION NUMBI	FR:		
	HIS IS TO CERTIFY THAT THE POLICIES OF IN				ISSUED	TO THE INSUR				)D	
С	IDICATED. NOTWITHSTANDING ANY REQUIR ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH POL	IN, TH	IE INS	SURANCE AFFORDED BY THE	POLICI	ES DESCRIBEI	D HEREIN IS S			IS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		· · · · · · · · · · · · · · · · · · ·
	COMMERCIAL GENERAL LIABILITY	.,,,,,						EACH OCCURRENCE		1,000	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre		50,00	00
								MED EXP (Any one per	1100/	5,000	)
В		Υ		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJ		1,000	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT		3,000	0,000
	PRO- LOC							PRODUCTS - COMP/O	- ,	3,000	0,000
	OTHER:								\$	<del></del> }	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI	IMIT \$	1,000	0,000
	ANY AUTO							BODILY INJURY (Per pe	person) \$	3	
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per a	accident) \$	3	
	HIRED NON-OWNED							PROPERTY DAMAGE	\$		***
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	WMBRELLA LIAB OCCUR							EACH OCCURRENCE		4,000	0,000
В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE		4,000	
	DED RETENTION \$ 0							AGGREGATE		, ,	<u> </u>
	WORKERS COMPENSATION			<u> </u>				PER STATUTE	OTH- E	EL - W	A Stop Gap
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	Y EK	1,000	
В	OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. DISEASE - EA EMI	PLOYEE \$	1.000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY		1,000	
								Each Incident	LIIVIII \$		00,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate			00,000
-								333-3-		, -,	,
Was	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES shington State Department of Commerce its a ear as respects operations performed by or o	agents	s, offic	cers and employees are inclu	ded as A	Additional Insur	ed on General	I Liability as their inte	erest may		
	TITIOATE HOLDED				00000	E11 67:6::					
CEF	RTIFICATE HOLDER				CANC	ELLATION					
	Washington State Department of	Com	merce	9	THE	<b>EXPIRATION D</b>	ATE THEREOI	SCRIBED POLICIES F, NOTICE WILL BE I Y PROVISIONS.			BEFORE
	PO Box 4525				AUTHOR	RIZED REPRESEN	NTATIVE				
	1011 Plum Street SE							- 0			
	Olympia			WA 98504-2525				_>\_\			



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

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	io continuato acce net comer riginte te				CONTA	<del></del>				
PRO	DUCER				CONTAC NAME:	Official				
The	Partners Group Ltd				PHONE (A/C, No	. Ext): (877) 45	55-5640	FAX (A/C, No):	(425) 4	55-6727
111	Lake Washington Blvd N.				E-MAIL ADDRES	cooklov@	tpgrp.com			
Suit	e 400				ADDICE		LIDED/S) AEEOE	RDING COVERAGE	T	NAIC#
Rer				WA 98056	INSURE	The Ohio	<del></del>	irance Company		24074
INSU	RED				INSURE	Dalalarassa	y Insurance C	ompany		12489
	American Behavioral Health Sys	tems,	Inc.		INSURE					
	PO Box 141106				INSURE					
					INSURE					
	Spokane Valley			WA 99214	INSURE					
CO	/ERAGES CER	TIFIC	ATF I	NUMBER: 22-23 GL AL X				REVISION NUMBER:	1	
	IIS IS TO CERTIFY THAT THE POLICIES OF I				ISSUED	TO THE INSUF			IOD	
C	DICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA (CLUSIONS AND CONDITIONS OF SUCH PO	JN, TI	HE INS	SURANCE AFFORDED BY THE	POLICI	ES DESCRIBE	HEREIN IS S			
INSR LTR		ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	<u> </u>	
LIR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/TTTT)			0,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	
								MED EXP (Any one person)	\$ 5,00	0
В		Υ		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJURY	\$ 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	X ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	ASTOCIONE!								\$	
	✓ UMBRELLA LIAB     ✓ OCCUR						-	EACH OCCURRENCE	\$ 4,00	0,000
В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	0,000
	DED RETENTION \$ 0								\$	
	WORKERS COMPENSATION							PER STATUTE X OTH-	EL - W	A Stop Gap
В	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE			9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	\$ 1,00	0,000
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9HA7WIWI000203300		10/01/2022	10/01/2023	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
								Each Incident	\$1,0	00,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	00,000
The	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE State of Washington, its agents and employ rations performed by or on behalf of the Nan	ees a	re inc	luded as Additional Insured o	n Gener	•		ay appear as respects		
CF	RTIFICATE HOLDER				CANO	ELLATION				
<u> </u>	Washington State Department of Contracts and Legal Affairs	f Corr	ection	is	SHO THE ACC	ULD ANY OF T EXPIRATION D ORDANCE WIT	ATE THEREOR	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		) BEFORE
	P.O. Box 41114				AUTHO	RIZED REPRESEN	ITATIVE			
	Olympia			WA 98504-1114		~				



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

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		er uncate does not comer rights to	uic c	CILIII	cate floider in fled of such		<del></del>				
PRO	DUCE	≣R				CONTAC NAME:	Christina (	Oakley			
The	Par	tners Group Ltd				PHONE (A/C, No	o. Ext): (877) 45	55-5640	FAX (A/C, No):	(425) 4	155-6727
111	1 Lak	ke Washington Blvd N.				E-MAIL ADDRE	cooklov@	tpgrp.com			
Suit	e 40	00				7.00.1.2		SURER(S) AFFOR	RDING COVERAGE		NAIC #
Rer	iton				WA 98056	INSURE	Th - Oh!		urance Company		24074
INSU	RED				···	INSURE	D ! I	ay Insurance C	Company		12489
		American Behavioral Health Sys	tems,	Inc.		INSURE		<u> </u>			
		PO Box 141106	•								
						INSURE					
		Spokane Valley			WA 99214	INSURE					
	/ED		TIEIC	ATE	NUMBER: 22-23 GL AL X	INSURE	KF:		REVISION NUMBER:		
_		S TO CERTIFY THAT THE POLICIES OF I			10		TO THE INSUE			IOD	
IN C	IDICA ERTI	ATED. NOTWITHSTANDING ANY REQUIR FICATE MAY BE ISSUED OR MAY PERTA JSIONS AND CONDITIONS OF SUCH PO	REME	NT, TE HE INS	ERM OR CONDITION OF ANY BURANCE AFFORDED BY THE	CONTRA	ACT OR OTHER ES DESCRIBEI	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO WHICH T	HIS	
INSR LTR	Π	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
LIK	×	COMMERCIAL GENERAL LIABILITY	แสอบ	****	. CLIOT HOMBEN		1	(Minus Diriti)	EACH OCCURRENCE		0,000
	É	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	
		CEAINIS-IVIADE CCCOR								5,00	
В			Υ		9HA7MM000203300		10/01/2022	10/01/2023	MED EXP (Any one person) PERSONAL & ADV INJURY	Ψ	0,000
	051	JN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<del>Ф</del> ,	0,000
	Y	PRO-								Ψ	0,000
		POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ -,	-,
	ΔU	OTHER: TOMOBILE LIABILITY				····			COMBINED SINGLE LIMIT	\$ 1,00	0.000
		ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ 1,00	0,000
Α		OWNED SCHEDULED			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$	
		AUTOS ONLY AUTOS NON-OWNED			D/4100140410		10/01/2022	10/01/2020	PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB X OCCUP						<del> </del>			0,000
В	_	TYCES HAD			9HATUM000201500		10/01/2022	10/01/2023	EACH OCCURRENCE	φ .	
Б		EXCESS LIAB CLAIMS-MADE			9HAT 010100020 1300		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	0,000
	WO	DED RETENTION \$ 0							I PER I NOTH	\$	'A Ct C
		EMPLOYERS' LIABILITY Y/N							PER STATUTE X OTH-		A Stop Gap
В	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE CICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	\$ 1,00	
	(Mar	ndatory in NH) s. describe under							E.L. DISEASE - EA EMPLOYEE	\$ 1,00	
	DÉS	SCRIPTION OF OPERATIONS below			- · · · · · · · · · · · · · · · · · · ·				E.L. DISEASE - POLICY LIMIT	\$ 1,00	
_	Pro	ofessional Liability							Each Incident		00,000
В					9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	00,000
		TION OF OPERATIONS / LOCATIONS / VEHICLE	•	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)			
Loc	ation	n: 5548 Myrtle Ste. 202, Freeland, WA 98	3249								
Cer	tifica	te holder is included as Additional Insure	ed (La	ndlor	d)-Lessor of Premises on Ger	neral Lia	bility as their in	nterest may ap	pear in the above captioned		
		s, as respects written agreement with the					•	, , ,			
CEF	RTIF	ICATE HOLDER				CANC	ELLATION				
									SCRIBED POLICIES BE CAN		BEFORE
		Windermere Real Estate/South \	Nhidh	ev					F, NOTICE WILL BE DELIVER Y PROVISIONS.	-D 114	
		5531 Freeland Avenue	rriiul	,							
		3331 Trecially Avenue				AUTHO	RIZED REPRESE	NTATIVE			
		Freeland			WA 98249		~				
		i reciand			VVA 30243				NI-	_	



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to s certificate does not confer rights to			=		-	may require	an endorsement. A stat	ement c	on
PRODU					CONTAC NAME:		Oakley			
The F	Partners Group Ltd				PHONE	(877) 4!	55-5640	FAX (A/C, No):	(425) 4	55-6727
	Lake Washington Blvd N.				(A/C, No E-MAIL	ocalion	tpgrp.com	[ (A/C, No):		
Suite	•				ADDRES	33.			1	
Rento				WA 98056		The Ohio		RDING COVERAGE Jrance Company		24074
	<del></del>			- VVA 30030	INSURE	NA.	o Casualty Illist	arance company		24074
INSUR			laa		INSURE	RB:				· · · · · · · · · · · · · · · · · · ·
	American Behavioral Health Sys	stems,	Inc.		INSURE	RC:				
	PO Box 141106				INSURE	RD:				
					INSURE	RE:		46		
	Spokane Valley			WA 99214	INSURE	RF:				
				NUMBER: 22-23 AL				REVISION NUMBER:		
IND CEF	S IS TO CERTIFY THAT THE POLICIES OF I ICATED. NOTWITHSTANDING ANY REQUII RTIFICATE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI LICIE:	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT V D HEREIN IS S LAIMS.	WITH RESPECT TO WHICH T	HIS	
NSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
7	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR					1		EACH OCCURRENCE DAMAGE TO RENTED	\$	
F	CLAIIVIO-IVIADE OCCUR							PREMISES (Ea occurrence)		
H								MED EXP (Any one person)	\$	
⊢	CENTI ACCRECATE LIMITARRILES 252							PERSONAL & ADV INJURY	\$	
F	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
H	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,000	2.000
H,	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ 1,000	
, ŀ	OWNED SCHEDULED	Y		BAA60145476		10/01/2022	10/01/2023			
A	AUTOS ONLY AUTOS NON-OWNED	'		DAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
Ŀ	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
-	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
-  .	DED RETENTION \$	ļ						I DED I LOTU	\$	
	VORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	NY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
(	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	ryes, describe under DESCRIPTION OF OPERATIONS below	<b></b>						E.L. DISEASE - POLICY LIMIT	\$	
	Automobile Physical Damage							Comprehensive Ded	\$3,00	00
Α	<del></del>			BAA60145476		10/01/2022	10/01/2023	Collision Ded	\$3,00	00
RE: A Corpo 2019 2019 2020 2019	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE MERBEH-01 brate Fleet Services, Inc is included as Add GMC Savana G3500, 1GJZ7NFG5K13390 Chevrolet Express G3500 LT, 1GAZGPFP Chevrolet Express G3500, 1GAZGNFG5L GMC Savana G3500, 1GJZ7NFG9K13384 Chevrolet Express G3500 , 1GAZGNFG2L	litiona )69 9K121 12576	l Insur 16905 352	red & Loss Payee as their into				low vehicles:		
CERT	TIFICATE HOLDER				CANC	ELLATION				
	Corporate Fleet Services, Inc 16322 Woodard Avenue				THE ACC	EXPIRATION D	OATE THEREO	SSCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE
	Highland Park			MI 48203		~		$\gg$ 11		

GENCY CUSTOMER ID:	00046592
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## **ADDITIONAL REMARKS SCHEDULE**

NAMED INSURED

The Partners Group Ltd		American Behavioral Health Systems, Inc.
POLICY NUMBER		
	T	
CARRIER	NAIC CODE	EFFECTIVE DATE:
ADDITIONAL REMARKS	<u> </u>	1-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-11-2-
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR	D FORM,	
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	ty Insurance	
2022 Chevrolet Express G3500 , 1GAZGNF7XN1211155		



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

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

THE ISSUING INSURER(S), AUTHOR									ONTINOT BETWEEN	
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ex	(877) 455-5640				COMPANY NA	ME AND ADDRE	SS		NAIC NO: 24074	
The Partners Group Ltd	Ji.				The Ohio C	asualty Insura	ince Con	npany	<b>L</b>	
Christina Oakley					10851 North	n Black Canyo	n Hwy			
1111 Lake Washington Blvd N.	Suite 400				Suite 200					
Renton	٧	VA 980	56		Phoenix				AZ 8502	<u>.</u> 9
FAX (A/C, No): (425) 455-6727	coakley@tpgrp.com				1	IF MULTIPLE	COMPANI	ES, COMPLETE SE	PARATE FORM FOR EACH	
CODE: 5004390	SUB CODE:				POLICY TYPE				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
AGENCY 00046592 CUSTOMER ID #:					BKO601454	176				
NAMED INSURED AND ADDRESS					LOAN NUMBE	R		F	POLICY NUMBER	
American Behavioral Health Systems, Inc.									PROPERTY BOUND	
PO Box 141106					EFFECTIVE D	ATE	EXPIRAT	TION DATE		
Spokane Valley	٧	VA 992	14		10/01	/2022		10/01/2023	CONTINUED UNTIL TERMINATED IF CHEC	CKED
ADDITIONAL NAMED INSURED(S)					THIS REPLAC	ES PRIOR EVIDE	ENCE DAT	ED:		
PROPERTY INFORMATION (ACOR	D 101 may be attached	if more	e spa	ace i	is required)		DING C	R 🖾 BUSIN	ESS PERSONAL PROPE	RTY
LOCATION / DESCRIPTION										
214 S Eastern Rd	Unit 3640									
Spokane Valley			/A 9							
THE POLICIES OF INSURANCE LISTED BE ANY REQUIREMENT, TERM OR CONDITION BE ISSUED OR MAY PERTAIN, THE INSURA OF SUCH POLICIES. LIMITS SHOWN MAY	N OF ANY CONTRACT OR ANCE AFFORDED BY THE	OTHER POLICE	DOC ES DI	UME!	NT WITH RESP	ECT TO WHIC	CH THIS I	EVIDENCE OF P	ROPERTY INSURANCE MAY	
COVERAGE INFORMATION	PERILS INSURED	ВА	SIC		BROAD	<b>X</b> SPECIA	L			
COMMERCIAL PROPERTY COVERAGE AMO	UNT OF INSURANCE:	\$ 257	,500						DED: \$50,000	
		YES	NO	N/A						
☑ BUSINESS INCOME ☐ RENTAL VALUE	Ε,		X		If YES, LIMIT:			Act	ual Loss Sustained; # of mont	hs:
BLANKET COVERAGE		×			If YES, indicate value(s) reported on property identified above: \$ \$6,000					
TERRORISM COVERAGE		×			Attach Disclos	sure Notice / DE	EC			
IS THERE A TERRORISM-SPECIFIC EXC	LUSION?		×							
IS DOMESTIC TERRORISM EXCLUDED	,		×							
LIMITED FUNGUS COVERAGE		<u> </u> ×			If YES, LIMIT:				DED:	
FUNGUS EXCLUSION (If "YES", specify organ	ization's form used)		$ \times $							
REPLACEMENT COST				$\times$						
AGREED VALUE		×							W	
COINSURANCE			×	1	If YES,	%%				
EQUIPMENT BREAKDOWN (If Applicable)		<u> </u> ×			If YES, LIMIT:	Included			DED: \$50,000	
ORDINANCE OR LAW - Coverage for loss to	undamaged portion of bldg	<b>&gt;</b>	<u> </u>		If YES, LIMIT:	Included			DED: \$50,000	
- Demolition Costs		×	<u> </u>		If YES, LIMIT:				DED: \$50,000	
- Incr. Cost of Constru	uction	<u> </u> ×			If YES, LIMIT:	\$250,000			DED: \$50,000	
EARTH MOVEMENT (If Applicable)			×		If YES, LIMIT:				DED:	
FLOOD (If Applicable)			$ \times $		If YES, LIMIT:				DED:	
WIND / HAIL INCL YES NO	Subject to Different Provisio				If YES, LIMIT:	Included			DED: \$50,000	
NAMED STORM INCL YES NO	Subject to Different Provision	ns: 🔀	_		If YES, LIMIT:	Included			DED: \$50,000	
PERMISSION TO WAIVE SUBROGATION IN F HOLDER PRIOR TO LOSS	AVOR OF MORTGAGE		$\times$							
CANCELLATION		L	ــــــــــــــــــــــــــــــــــــــ	1	<u> </u>	<del> </del>				
SHOULD ANY OF THE ABOVE DESC DELIVERED IN ACCORDANCE WITH			LEC	BE	FORE THE E	XPIRATION	DATE T	HEREOF, NOT	ICE WILL BE	
ADDITIONAL INTEREST										
	LOSS PAYABLE	LOSS PAY	ΈE		LENDER SERVI	CING AGENT NA	AME AND	ADDRESS		
MORTGAGEE										
NAME AND ADDRESS					1					
Evidence of Insurance										

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AUTHORIZED REPRESENTATIVE

GENCY	CUSTOMER	ID:	000465
GLING	COSTONIER	ıv.	

LOC#:



## **ADDITIONAL REMARKS SCHEDULE**

NAMED INSURED

The Partners Group Ltd		American Behavioral Health Systems, Inc.				
POLICY NUMBER						
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE	TO ACORD FORM,					
FORM NUMBER: 28 FORM TITLE: Evidence	e of Commercial Property	Insurance: Notes				
Evidence of Insurance						
Lylderice of insurance						



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

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PRODUCER NAME. COMPANY NAME AND ADDRESS PRODUCER NAME, CONTACT PERSON AND ADDRESS PHONE (A/C, No, Ext): (877) 455-5640 NAIC NO: 24074 The Partners Group Ltd The Ohio Casualty Insurance Company Christina Oakley 10851 North Black Canyon Hwy 1111 Lake Washington Blvd N. Suite 400 Suite 200 Renton WA 98056 AZ 85029 Phoenix (A/C, No): (425) 455-6727 coakley@tpgrp.com IF MULTIPLE COMPANIES. COMPLETE SEPARATE FORM FOR EACH CODE: 5004390 POLICY TYPE SUB CODE: CUSTOMER ID #: 00046592 BKO60145476 NAMED INSURED AND ADDRESS LOAN NUMBER POLICY NUMBER American Behavioral Health Systems, Inc. PROPERTY BOUND PO Box 141106 EFFECTIVE DATE EXPIRATION DATE CONTINUED UNTIL WA 99214 10/01/2022 10/01/2023 Spokane Valley TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED: ADDITIONAL NAMED INSURED(S) **☒ BUSINESS PERSONAL PROPERTY** PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☐ BUILDING OR LOCATION / DESCRIPTION 214 S Eastern Rd Unit 3640dd & 3642dd Spokane Valley WA 99212 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 EVIDENCE OF PROPERTY INSURANCE 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. **COVERAGE INFORMATION BROAD SPECIAL** COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 257.500 DED: \$50,000 YES NO N/A BUSINESS INCOME ☐ RENTAL VALUE If YES, LIMIT: Actual Loss Sustained; # of months: **BLANKET COVERAGE** If YES, indicate value(s) reported on property identified above: \$ TERRORISM COVERAGE > Attach Disclosure Notice / DEC IS THERE A TERRORISM-SPECIFIC EXCLUSION? IS DOMESTIC TERRORISM EXCLUDED? LIMITED FUNGUS COVERAGE If YES, LIMIT: DED FUNGUS EXCLUSION (If "YES", specify organization's form used) REPLACEMENT COST AGREED VALUE COINSURANCE If YES. EQUIPMENT BREAKDOWN (If Applicable) If YES, LIMIT: Included DED: \$50,000 ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg If YES, LIMIT: Included \$50,000 DFD:  $\overline{\times}$ - Demolition Costs If YES, LIMIT: \$250,000 DED: \$50,000 - Incr. Cost of Construction > If YES, LIMIT: \$250,000 DED: \$50,000 EARTH MOVEMENT (If Applicable) If YES, LIMIT: DED: FLOOD (If Applicable) If YES, LIMIT: DED: WIND / HAIL INCL YES NO If YES, LIMIT: Included DED: \$50,000 Subject to Different Provisions: NAMED STORM INCL If YES, LIMIT: Included \$50,000 YES NO Subject to Different Provisions: DED: PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST LENDER SERVICING AGENT NAME AND ADDRESS CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE NAME AND ADDRESS Max Storage 214 Eastern Road

Spokane Valley

WA 99212

AUTHORIZED REPRESENTATIVE

GENCY CUSTOMER ID:	0004659
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.OC #: \_\_\_\_\_



## **ADDITIONAL REMARKS SCHEDULE**

NAMED INSURED
American Behavioral Health Systems, Inc.

The Partners Group Ltd		American Behavioral Health Systems, Inc.
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:
ADDITIONAL REMARKS	L	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD	D FORM.	
FORM NUMBER: 28 FORM TITLE: Evidence of Comme	ercial Property	Insurance: Notes
RE: Units 3640DD \$3,000 Contents Limit & 3642DD \$3,000 Contents Lim	iit	
Evidence of Insurance		



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

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PRODUCER NAME, CONTACT PERSON AND ADDRESS PHONE (A/C, No, Ext): COMPANY NAME AND ADDRESS NAIC NO: 24074 (877) 455-5640 The Partners Group Ltd The Ohio Casualty Insurance Company 10851 North Black Canyon Hwy Christina Oakley 1111 Lake Washington Blvd N. Suite 400 Suite 200 WA 98056 Phoenix AZ 85029 Renton (A/C, No): (425) 455-6727 coakley@tpgrp.com IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH 5004390 POLICY TYPE CODE: SUB CODE: AGENCY 00046592 CUSTOMER ID #: BKO60145476 POLICY NUMBER NAMED INSURED AND ADDRESS LOAN NUMBER PROPERTY BOUND American Behavioral Health Systems, Inc. EFFECTIVE DATE EXPIRATION DATE PO Box 141106 CONTINUED UNTIL Spokane Valley WA 99214 10/01/2022 10/01/2023 TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED: ADDITIONAL NAMED INSURED(S) (ACORD 101 may be attached if more space is required) **⊠** BUILDING OR ■ BUSINESS PERSONAL PROPERTY PROPERTY INFORMATION LOCATION / DESCRIPTION 825 E 5th Street Port Angeles WA 98362 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 EVIDENCE OF PROPERTY INSURANCE 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. BROAD X SPECIAL COVERAGE INFORMATION PERILS INSURED BASIC DED: \$50,000 COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE 23.893.441 YES NO N/A If YES, LIMIT: \$9,435,000 ☐ RENTAL VALUE ☑ BUSINESS INCOME Actual Loss Sustained: # of months: If YES, indicate value(s) reported on property identified above: \$ \$3,322,544 **BLANKET COVERAGE** TERRORISM COVERAGE >Attach Disclosure Notice / DEC IS THERE A TERRORISM-SPECIFIC EXCLUSION? IS DOMESTIC TERRORISM EXCLUDED? If YES, LIMIT: DED: LIMITED FUNGUS COVERAGE FUNGUS EXCLUSION (If "YES", specify organization's form used) REPLACEMENT COST AGREED VALUE COINSURANCE If YES If YES, LIMIT: Included \$50,000 EQUIPMENT BREAKDOWN (If Applicable) DED: If YES, LIMIT: Included \$50,000 ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg DED: \$250,000 \$50,000 - Demolition Costs If YES, LIMIT: DED: \$250,000 \$50,000 - Incr. Cost of Construction If YES, LIMIT: DED: EARTH MOVEMENT (If Applicable) If YES, LIMIT: DED FLOOD (If Applicable) If YES, LIMIT: DED If YES, LIMIT: Included DED: \$50,000 WIND / HAIL INCL ☐ YES ☐ NO Subject to Different Provisions: If YES, LIMIT: Included DED: \$50,000 NAMED STORM INCL ☐ YES ☐ NO Subject to Different Provisions: PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST

CONTRACT OF SALE

MORTGAGEE

NAME AND ADDRESS

Umpqua Bank ISAOA/ATIMA
PO Box 2888

LENDER'S LOSS PAYABLE
LOSS PAYEE

LOSS PAYEE
LENDER SERVICING AGENT NAME AND ADDRESS

LENDER SERVICING AGENT NAME AND ADDRESS

Coppell TX 75019

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**AUTHORIZED REPRESENTATIVE** 



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

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THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE C						CONTRACT BETWEEN
PRODUCER NAME, CONTACT PERSON AND ADDRESS PHONE (877) 455-5640				COMPANY NAME AND ADDRE	SS	NAIC NO: 24074
The Partners Group Ltd				The Ohio Casualty Insura	nce Company	
Christina Oakley				10851 North Black Canyo	n Hwy	
1111 Lake Washington Blvd N. Suite 400				Suite 200		
Renton WA 9	98056	6		Phoenix		AZ 85029
FAX (A/C, No): (425) 455-6727 E-MAIL ADDRESS: coakley@tpgrp.com				IF MULTIPLE	COMPANIES, COMPLETE	SEPARATE FORM FOR EACH
CODE: 5004390 SUB CODE:				POLICY TYPE		
AGENCY CUSTOMER ID #: 00046592				BKO60145476		
NAMED INSURED AND ADDRESS				LOAN NUMBER	W	POLICY NUMBER
American Behavioral Health Systems, Inc.						PROPERTY BOUND
PO Box 141106				EFFECTIVE DATE	EXPIRATION DATE	
Spokane Valley WA 9	99214	4		10/01/2022	10/01/2023	CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDE		TERMINATES II STIESKES
ADDITIONAL NAMED INCOMED(C)						
PROPERTY INFORMATION (ACORD 101 may be attached if n	nore	spa	ce i	」 s required)	ING OR BUS	INESS PERSONAL PROPERTY
LOCATION / DESCRIPTION						
44 E Cozza Drive						
Spokane			9208			***************************************
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTH BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLOF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PA	IER D	OCU S DE	JMEN ESCR	IT WITH RESPECT TO WHIC	H THIS EVIDENCE OF	PROPERTY INSURANCE MAY
COVERAGE INFORMATION PERILS INSURED	BAS	SIC		BROAD X SPECIA	L	
	23,8	93,4	41			DED: \$50,000
	YES	NO	N/A			
BUSINESS INCOME ☐ RENTAL VALUE	×			If YES, LIMIT: \$9,435,000	A	Actual Loss Sustained; # of months:
BLANKET COVERAGE	X			If YES, indicate value(s) repo	rted on property identifie	ed above: \$ \$6,065,301
TERRORISM COVERAGE	X			Attach Disclosure Notice / DE		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		×		· · · · · · · · · · · · · · · · · · ·		
IS DOMESTIC TERRORISM EXCLUDED?	Н	$\hat{\mathbf{x}}$				
LIMITED FUNGUS COVERAGE	×			If YES, LIMIT:		DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	$\vdash$	×				
REPLACEMENT COST	$\vdash$	$\overline{}$	$\overline{\mathbf{v}}$			
AGREED VALUE	×		$\stackrel{\frown}{}$			***************************************
COINSURANCE		×		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		^		If YES, LIMIT: Included		DED: \$50,000
	$\stackrel{\sim}{\sim}$			If YES, LIMIT: Included		DED: \$50,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg - Demolition Costs	X		<b> </b>	If YES, LIMIT: \$250,000		DED: \$50,000
	×			If YES, LIMIT: \$250,000		DED: \$50,000
- Incr. Cost of Construction		\				
EARTH MOVEMENT (If Applicable)	$\vdash$	$\stackrel{\sim}{\times}$		If YES, LIMIT:		DED:
FLOOD (If Applicable)		×		If YES, LIMIT: Included		DED: \$50,000
WIND / HAIL INCL YES NO Subject to Different Provisions:	X		_	If YES, LIMIT: Included		
NAMED STORM INCL YES NO Subject to Different Provisions:  PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE	$ \times $			If YES, LIMIT: Included		DED: \$50,000
HOLDER PRIOR TO LOSS		×			<u>-</u>	
CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAN DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS		LED	BEI	FORE THE EXPIRATION	DATE THEREOF, NO	OTICE WILL BE
ADDITIONAL INTEREST		,				
	S PAYE	EE.		LENDER SERVICING AGENT NA	AME AND ADDRESS	
MORTGAGEE Mtg &Lenders Loss Payable						
NAME AND ADDRESS						
Umpqua Bank ISAOA/ATIMA						
PO Box 2888						
. 5 25.2555				AUTHORIZED REPRESENTATIV	E	***************************************
Coppell TX 750	019			~		



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

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. COMPANY NAME AND ADDRESS NAIC NO: 24074 CONTACT PERSON AND ADDRESS PHONE (877) 455-5640 The Partners Group Ltd The Ohio Casualty Insurance Company Christina Oakley 10851 North Black Canyon Hwy 1111 Lake Washington Blvd N. Suite 400 Suite 200 WA 98056 AZ 85029 Phoenix (A/C, No): (425) 455-6727 coakley@tpgrp.com IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH 5004390 POLICY TYPE SUB CODE: CODE AGENCY CUSTOMER ID #: 00046592 BKO60145476 LOAN NUMBER POLICY NUMBER NAMED INSURED AND ADDRESS American Behavioral Health Systems, Inc. PROPERTY BOUND PO Box 141106 EFFECTIVE DATE EXPIRATION DATE CONTINUED UNTIL WA 99214 10/01/2023 Spokane Valley 10/01/2022 TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED: ADDITIONAL NAMED INSURED(S) PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) **⊠** BUILDING OR ☐ BUSINESS PERSONAL PROPERTY LOCATION / DESCRIPTION 44 E Cozza Drive Spokane WA 99208 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 EVIDENCE OF PROPERTY INSURANCE 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. **X** SPECIAL COVERAGE INFORMATION **BROAD** COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: 23,893.441 DED: \$50,000 YES NO N/A ☐ RENTAL VALUE If YES, LIMIT: \$9,435,000 ■ BUSINESS INCOME Actual Loss Sustained: # of months: **BLANKET COVERAGE** If YES, indicate value(s) reported on property identified above: \$ TERRORISM COVERAGE × Attach Disclosure Notice / DEC IS THERE A TERRORISM-SPECIFIC EXCLUSION? IS DOMESTIC TERRORISM EXCLUDED? LIMITED FUNGUS COVERAGE If YES, LIMIT: DED: FUNGUS EXCLUSION (If "YES", specify organization's form used) REPLACEMENT COST AGREED VALUE COINSURANCE If YES, EQUIPMENT BREAKDOWN (If Applicable) If YES, LIMIT: Included DED: \$50,000 ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg If YES, LIMIT: Included DED: \$50,000 × If YES, LIMIT: \$250,000 \$50,000 - Demolition Costs DED:  $\overline{>}$ If YES, LIMIT: \$250,000 \$50,000 - Incr. Cost of Construction DED: EARTH MOVEMENT (If Applicable) If YES, LIMIT: DED: FLOOD (If Applicable) If YES, LIMIT DED: If YES, LIMIT: Included DED: \$50,000 WIND / HAIL INCL YES NO Subject to Different Provisions: NAMED STORM INCL ☐ YES ☐ NO If YES, LIMIT: Included DED: \$50,000 Subject to Different Provisions: PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS PAYEE LENDER SERVICING AGENT NAME AND ADDRESS MORTGAGEE Mortgagee & Loss Payee NAME AND ADDRESS US Small Business Administration and NW Business Development Association ISAOA **AUTHORIZED REPRESENTATIVE** 9019 E Appleway Blvd. Ste. 200

Spokane

WA 99212



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

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Umpqua Bank ISAOA/ATIMA

PO Box 2888

Coppell

TX 75019

**AUTHORIZED REPRESENTATIVE** 



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

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Spokane

9019 E Appleway Blvd. Ste. 200

WA 99212



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

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Bellevue

WA 98009

AGENCY CUSTOMER ID:	00046592
LOC #:	



## **ADDITIONAL REMARKS SCHEDULE**

AGENCY		NAMED INSURED
The Partners Group Ltd		American Behavioral Health Systems, Inc.
POLICY NUMBER		
CARRIER	NAIC CODE	
OANNEN	F	EFFECTIVE DATE:
ADDITIONAL REMARKS	<del> </del>	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD	FORM.	
FORM NUMBER: 28 FORM TITLE: Evidence of Commercial	cial Property In	surance: Notes
Cannon Financial Services is added as Loss Payee regarding XM1145 Cop		
		·



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

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THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE O	R P	ROE	UCI	ER, AND THE ADDITIONA	L INTEREST.		·
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No. Ext): (877) 455-5640				COMPANY NAME AND ADDRES	ss		NAIC NO: 24074
The Partners Group Ltd				The Ohio Casualty Insura	nce Company		L
Christina Oakley				10851 North Black Canyo	n Hwy		
1111 Lake Washington Blvd N. Suite 400				Suite 200			
Renton WA 9	98050	6		Phoenix			AZ 85029
FAX (A/C, No): (425) 455-6727 E-MAIL ADDRESS: coakley@tpgrp.com				4	COMPANIES, COMPLETE	SEPARAT	E FORM FOR EACH
CODE: 5004390 SUB CODE:				POLICY TYPE			
AGENCY 00046592 CUSTOMER ID #:				BKO60145476			•
CUSTOMER ID #: NAMED INSURED AND ADDRESS				LOAN NUMBER		POLICY	NUMBER
American Behavioral Health Systems, Inc.						l	ERTY BOUND
PO Box 141106				EFFECTIVE DATE	EXPIRATION DATE	1	
Spokane Valley WA 9	2021	1		10/01/2022	10/01/2023	-	CONTINUED UNTIL TERMINATED IF CHECKED
	3321	T		THIS REPLACES PRIOR EVIDE		Ш.	TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)				THIS REF ENGES FRIOR EXTENSE			
PROPERTY INFORMATION (ACORD 404 man be affected if a					INC. OD. T. DUC	INITOO	DEDCOMAL PROPERTY
PROPERTY INFORMATION (ACORD 101 may be attached if n	nore	Spa	ice i	s required) 🔀 BUILD	ING OR _ BUS	INESS	PERSONAL PROPERTY
500 SE Washington Ave 505 SE Adam	Aver	nue					
Chehalis	W	A 98	3532				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO							
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTH BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POI							
OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PA				IDED HEREIN IS SOUSECT	O ALL THE TERMS, E	.XOLOGI	CNO AND CONDITIONS
COVERAGE INFORMATION PERILS INSURED	BAS	SIC		BROAD X SPECIAL			
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	23,8	93,4	41			DED	: \$50,000
	YES	NO	N/A				
BUSINESS INCOME ☐ RENTAL VALUE	×			If YES, LIMIT: \$9,435,000		Actual Lo	ss Sustained; # of months:
BLANKET COVERAGE	×			If YES, indicate value(s) repo	ted on property identifi	ed above	: \$ 12,042,796
TERRORISM COVERAGE	×			Attach Disclosure Notice / DE	C		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		$\overline{\mathbf{x}}$					
IS DOMESTIC TERRORISM EXCLUDED?		$\Rightarrow$					
LIMITED FUNGUS COVERAGE	$\overline{\mathbf{x}}$			If YES, LIMIT:			DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		×					
REPLACEMENT COST			$\overline{\mathbf{v}}$				
AGREED VALUE	×						
COINSURANCE		×		If YES. %			
		_		If YES, LIMIT: Included			DED: \$50,000
EQUIPMENT BREAKDOWN (If Applicable)	$\stackrel{\sim}{\sim}$		$\vdash$	If YES, LIMIT: Included			DED: \$50,000 DED: \$50,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	$\stackrel{ \times}{\sim}$				111,1000 -		DED: \$50,000
- Demolition Costs	$\times$	<u> </u>	$\vdash$	If YES, LIMIT: \$250,000			
- Incr. Cost of Construction	X			If YES, LIMIT: \$250,000			DED: \$50,000
EARTH MOVEMENT (If Applicable)		$\times$	Ш	If YES, LIMIT:			DED:
FLOOD (If Applicable)		×	_	If YES, LIMIT:			DED:
WIND / HAIL INCL YES NO Subject to Different Provisions:	X		L.,	If YES, LIMIT: Included			DED: \$50,000
NAMED STORM INCL YES NO Subject to Different Provisions:	×		Щ	If YES, LIMIT: Included	****		DED: \$50,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		×					
CANCELLATION	L			<u> </u>			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAN	CEL	LED	BF	FORE THE EXPIRATION I	DATE THEREOF NO	OTICE V	WILL BE
DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ADDITIONAL INTEREST							
	S PAYI	EE		LENDER SERVICING AGENT NA	ME AND ADDRESS		
MORTGAGEE Mtg &Lenders Loss Payable							
NAME AND ADDRESS							
Umpqua Bank ISAOA/ATIMA							
PO Box 2888							
1 0 500 2000				AUTHORIZED REPRESENTATIV	<b>.</b>		

Coppell

TX 75019

# Exclusions Search Results: Entities 9

No Results were found for

· American Behavioral Health Systems, Inc

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

Search Again

Search conducted 12/5/2022 7:52:44 PM EST on OIG LEIE Exclusions database. Source data updated on 11/10/2022 9:00:00 AM EST Return to Search