# 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 and January 9, 2023, shall be amended as follows:

- 1. Attachment C: Budget/Rate Sheet Chehalis is deleted entirely and replaced as attached.
- 2. Attachment C-1: Budget/Rate Sheet- Wenatchee is deleted entirely and replaced as attached.
- 3. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

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

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

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

This amendment shall be effective July 1, 2023.	
Dated this day of , 2023.	
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, By KITSAP COUNTY BOARD OF	CONTRACTOR: American Behavioral Health Systems, Inc.
COMMISSIONERS, Its Administrative Entity  Doug Washburn, Director	Name: Tony Prentice Title: Chief Operating Officer
DATE 7/14/23	I attest that I have the authority to sign this contract on behalf of American Behavioral Health Systems, Inc.
	07/14/2023 DATE

#### 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: <u>July 1, 2023 – December 31, 2023</u>

Contractor Specific Rates:

(1) Secure Withdrawal Management and Stabilization: \$920 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: <u>July 1, 2023 – December 31, 2023</u>

**Contractor Specific Rates:** 

- (1) Secure Withdrawal Management and Stabilization: \$920 per diem (GFS)
- (2) Psychiatric Inpatient Treatment- E&T: \$1,208 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. 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).

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PRO	DUCER				CONTAC NAME:	Christina	Oakley						
The	Partners Group Ltd				PHONE (A/C, No	(877) 4	55-5640		FAX (A/C, No):	(425) 4	55-6727		
111	Lake Washington Blvd N.				E-MAIL ADDRES	analdov@	tpgrp.com		(ruo, noj.				
Suit	e 400				ABBRE		SURER(S) AFFOR	RDING COVERAGE			NAIC #		
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арр	y per attached form.												
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	King County Behavioral Health	and R	ecove	ry Division	ACC	ORDANCE WIT	TH THE POLICY	PROVISIONS.					
	MS: CNK-CHS-0400												
	401 5th Ave. Suite 400				AUTHORIZED REPRESENTATIVE								

Seattle



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

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1111 Lake Washington Blvd N.  Suite 400 Renton WA 98056 INSURER 3: Coakley@tpgrp.com  American Behavioral Health Systems, Inc. PO Box 141106 INSURER B: Bridgeway Insurance Company  INSURER B: Bridgeway Insurance Company  INSURER B: Bridgeway Insurance Company  INSURER B: INSURER B: Bridgeway Insurance Company  INSURER B: INSURER	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
Evidence of Insurance Only.	
CERTIFICATE HOLDER CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  240 Corporate Blvd	D BEFORE
AUTHORIZED REPRESENTATIVE	
Norfolk VA 23502	



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

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PRO	DUCE	R				CONTAC NAME:	Officiality				
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	coakley@	tpgrp.com			
Sui	e 40	0						SURER(S) AFFOR	RDING COVERAGE		NAIC#
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		American Behavioral Health Sys	tems	, Inc.		INSURE	RC:				
		PO Box 141106				INSURE	RD:				
						INSURE	RE:				
		Spokane Valley			WA 99214	INSURE	RF:				
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	×	UMBRELLA LIAB COCCUR							EACH OCCURRENCE	\$ 4,00	0,000
В		EXCESS LIAB CLAIMS-MADE	ŀ		9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	0,000
		DED RETENTION \$ 0								\$	
		RKERS COMPENSATION							PER STATUTE X OTH-	EL - W	/A Stop Gap
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	<b>\$</b> 1,00	0,000
"	(Mar	ICER/MEMBER EXCLUDED?	'Y' A		3117471011000200000		10/01/2022	10/01/2020	E.L. DISEASE - EA EMPLOYEE	<sub>\$</sub> 1,00	0,000
	If ye DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
	Pro	ofessional Liability							Each Incident	\$1,0	00,000
В	' ''	Siccolorial Elability	Ì		9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	000,000
		TION OF OPERATIONS / LOCATIONS / VEHICLE	•		·	-	·				
ВН	RD is	included as Additional Insured on General as required by written contract. GL Add	eral L	iability	as their interest may appear	as resp	ects operations	s performed by	or on behalf of the Named		
insi	ігеа,	as required by written contract. GL Add	iliona	ıınsur	red Primary and Non-Contribu	nory pro	visions apply p	er attached in	om.		
<u> </u>											- <u>-</u>
CE	RTIF	ICATE HOLDER				CANC	ELLATION				
		BHRD				THE	<b>EXPIRATION</b> D	DATE THEREO	SCRIBED POLICIES BE CANO F, NOTICE WILL BE DELIVER! Y PROVISIONS.		D BEFORE
		401 5th Ave, Suite 400									
						AUTHO	RIZED REPRESE	NTATIVE	_ 6		

Seattle



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

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LI	his certificate does not confer rights to	tile (	erum	cate noider in lieu of such		. , ,				
PRO	DUCER				CONTAC NAME:	Christina Christina	Oakley			
The	Partners Group Ltd				PHONE (A/C, No E-MAIL	(877) 4	55-5640	FAX (A/C, No):	(425)	155-6727
111	1 Lake Washington Blvd N.				E-MAIL ADDRE	coakley@	tpgrp.com	[ (A/O, NO).		
Suit	te 400				ADDRE	33		RDING COVERAGE	- 1	NAIC#
Rer	nton			WA 98056	IN OUR	The Ohio		rance Company		24074
	IRED			*** ***********************************	INSURE	Daideann	ay Insurance C			12489
INSC	American Behavioral Health Sy	tome	Inc		INSURE	.KD				12403
	•	sterris	, IIIC.		INSURE	RC:				
	PO Box 141106				INSURE	RD:				
					INSURE	RE:				
L	Spokane Valley			WA 99214	INSURE	RF:				
				NUMBER: 22-23 GL AL X				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT. XCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T	NT, TE	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA	ACT OR OTHER ES DESCRIBE CED BY PAID CI	R DOCUMENT \ D HEREIN IS SI _AIMS.	MITH RESPECT TO WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY					,	.,	EACH OCCURRENCE	s 1,00	0,000
	CLAIMS-MADE 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		0,000
									• • • •	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	3.00	0,000
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	
	OTHER: AUTOMOBILE LIABILITY	<del> </del>						COMBINED SINGLE LIMIT	\$ 1,00	0.000
	<del></del> 1	l						(Ea accident)		0,000
_	ANY AUTO OWNED SCHEDULED			DAA60145476		10/01/2022	10/01/2022	BODILY INJURY (Per person)	\$	
Α	AUTOS ONLY AUTOS NON-OWNED	1		BAA60145476	10/01/2022	2   10/01/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
									\$	
	WMBRELLA LIAB CCCUR							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-	EL - W	/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
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		3112/10/1000203300		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	s 1,00	0,000
								Each Incident		00,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	00,000
										·
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	L ES (AC	ORD 1	01. Additional Remarks Schedule.	mav be a	ttached if more si	pace is required)			
		•		,	•		• • •			
Evid	dence of Insurance Only									
										-
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	Evidence of Insurance *				THE	EXPIRATION D	DATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		O BEFORE
					AUTHO	RIZED REPRESE	NTATIVE	_		
					l			- n		



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L tr	is certificate does not confer rights to	tue (	ertiti	cate noider in lieu of such							
PRO	DUCER				CONTAC NAME:	CT Christina	Oakley				
The	Partners Group Ltd				PHONE (A/C, No	e, Ext): (877) 45	55-5640	FAX (A/C, No):	(425)	455-6727	
111	1 Lake Washington Blvd N.				E-MAIL ADDRE	coaklov@	tpgrp.com	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	te 400				ADDITE	33.		RDING COVERAGE		NAIC#	
Rer	nton			WA 98056	MOUDE	The Ohio		irance Company	-	24074	
	JRED				INSURE	Drideeus	ay Insurance C			12489	
INSU		tomo	Inc		INSURE	.к.р	ay insurance o	Ompany		12400	
	American Behavioral Health Sys	items	, IIIC.		INSURE	RC:					
	PO Box 141106				INSURE	RD:					
					INSURE	RE:					
	Spokane Valley			WA 99214	INSURE	RF:					
CO	VERAGES CER	TIFIC	ATE	NUMBER: 22-23 GL AL X	SPL			REVISION NUMBER:			
IV C	IDICATED. NOTWITHSTANDING ANY REQUI	REME	NT, TE	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	EN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD Y CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS HE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EN REDICED BY PAID CLAIMS						
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	INSU	WVD			(MANUEL I I I I I	(IIIII)	EACH OCCURRENCE		00,000	
								DAMAGE TO RENTED	50.0		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	5.00		
В				9HA7MM000203300		10/01/2022	10/01/2023	MED EXP (Any one person)	4 00	00,000	
				91 IA/ WIWI000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJURY	3 00	00,000	
1	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<b>à</b> ,	<u> </u>	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	<b>.</b>	00,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000	
i	X ANY AUTO							BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS AUTOS	BAA60145476			10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONET							(i or addition)	\$		
	➤ UMBRELLA LIAB ➤ OCCUR							EACH OCCURRENCE	<b>4,00</b>	00,000	
В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023		\$ 4,00	00,000	
	CLAIMS-MADE							AGGREGATE	3		
	DED RETENTION \$ U	-						PER OTH-	FI - W	VA Stop Gap	
	AND EMPLOYERS' LIABILITY Y/N								4.00	00,000	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	4 00		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	*	00,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	*	00,000	
	Professional Liability							Each Incident		000,000	
В		1		9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)				
Evid	dence of Insurance Only.										
Щ											
CEI	RTIFICATE HOLDER				CANC	ELLATION					
					6110	1111 D ANV OF T	HE VBOVE DE	SCRIBER BOI ICIES DE CAL	ICELLE	D BEEODE	
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	Great Rivers BHO							Y PROVISIONS.			
	57 West Main Street										
	Suita 260				AUTHORIZED REPRESENTATIVE						

Chehalis



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

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th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such								
PRO	DUCER				CONTAC NAME:	CT Christina	Oakley					
The	Partners Group Ltd				PHONE (A/C, No	, Ext): (877) 4	55-5640	FAX (A/C, No):	(425) 4	155-6727		
1111	Lake Washington Blvd N.				E-MAIL ADDRES	analday@	tpgrp.com					
Suit	e 400						SURER(S) AFFOR	RDING COVERAGE		NAIC#		
Ren	ton			WA 98056	INSURE	The Ohio		rance Company		24074		
INSU	RED				INSURE	RB: Bridgewa	ay Insurance C	ompany		12489		
	American Behavioral Health Sys	tems	, Inc.		INSURE		***					
	PO Box 141106				INSURE							
					INSURE		,					
Ì	Spokane Valley			WA 99214	INSURE							
CO		TIEIC	ATE	NUMBER: 22-23 GL AL X		KF:		REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES OF I			HOMBEIN.		TO THE INSU			IOD			
	DICATED. NOTWITHSTANDING ANY REQUI											
	ERTIFICATE MAY BE ISSUED OR MAY PERTA							UBJECT TO ALL THE TERMS	•			
INSR	(CLUSIONS AND CONDITIONS OF SUCH PO		S. LIM	I	KEDUC							
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	4.00	0.000		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	Ψ .	0,000		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 50,0			
								MED EXP (Any one person)	\$ 5,00			
В		Y	e e	9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJURY	Ψ .	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			ĺ	BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	WIND UMBRELLA LIAB COCCUR		<u> </u>					EAGU GOOLIDDENGE		00,000		
В	Exerce Lab			9HATUM000201500		10/01/2022	10/01/2023	EACH OCCURRENCE	4.00	00,000		
				011/11/01/1000201000		10/01/2022	10/01/2020	AGGREGATE	•			
-	DED RETENTION \$ 0	<u> </u>	├					PER OTH-	\$ EL -\/\	/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			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	4.00	0,000		
	DÉSCRIPTION OF OPERATIONS below		ļ					E.L. DISEASE - POLICY LIMIT	Ψ	0,000		
	Professional Liability					10/01/0000	40/04/0000	Each Incident		000,000		
В				9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	000,000		
			<u> </u>						L			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)					
	ater Columbia Behavioral Health Services, I						ity as their inte	rest may appear as respect	3			
ope	rations performed by or on behalf of the Nar	nea ii	nsured	a, as required by written contri	act, per	attacned form.						
CE	RTIFICATE HOLDER				CANC	ELLATION						
CEI	THE TOLDER			······································	CARC	LLLATION						
					sно	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	1CELLE	) BEFORE		
Ī					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Greater Columbia Behavioral He	ealth :	Servic	es,	l <sup>acc</sup>	ORDANCE WI	H THE POLIC	Y PROVISIONS.				
	LLC BH-ASO	,						AUTHORIZED REPRESENTATIVE				
1	101 N Edison Street				AUTHO	KI∠ED REPRESEI	NIATIVE	_				

Kennewick



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

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tl	his certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCER				CONTACT Christina Oakley							
The	Partners Group Ltd				PHONE (A/C, No	e, Ext): (877) 45	55-5640	FAX (A/C,	No): (425)	455-6727		
111	1 Lake Washington Blvd N.				E-MAIL ADDRE	anaklay@	tpgrp.com					
Sui	e 400					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#		
Rer	iton			WA 98056	INSURE	RA: The Ohio	Casualty Insu	ırance Company		24074		
INSL	RED				INSURE	RB: Bridgewa	y Insurance C	ompany		12489		
	American Behavioral Health Sy	stems	, Inc.		INSURE	RC:						
	PO Box 141106				INSURE							
					INSURE	RE:						
	Spokane Valley			WA 99214	INSURE	RF:						
CO	VERAGES CER	TIFIC	ATE	NUMBER: 22-23 GLALX	(S PL			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INST!   IADDLISUBR!   I POLICY EFF   POLICY EXP												
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	I	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	000		
		1						MED EXP (Any one person)	\$ 5,00	00		
В		Y		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		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	<sub>3</sub> 3,00	00,000		
	OTHER:			<u> </u>					\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000		
	X ANY AUTO							BODILY INJURY (Per persor	n) \$			
Α	OWNED SCHEDULED AUTOS			BAA60145476	AA60145476			BODILY INJURY (Per accide	ent) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	✓ UMBRELLA LIAB     ✓ OCCUR							EACH OCCURRENCE	\$ 4,00	00,000		
В	EXCESS LIAB CLAIMS-MADE	<u> </u>		9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	00,000		
	DED   RETENTION \$ 0								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE X OT	H- EL - W	VA Stop Gap		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	Ψ .	00,000		
_	(Mandatory in NH)							E.L. DISEASE - EA EMPLOY	YEE \$ 1,00	00,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	1,00 s	00,000		
	Professional Liability							Each Incident	' '	000,000		
В	, , , , , , , , , , , , , , , , , , , ,			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	000,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL				•	•						
	ater Rivers Behavioral Health Organization, appear as respects operations performed								est			
	appear as respects operations performed	o, o, c	J., 501	ian or the reamon moures, as	roquiroc	. Dy William Con	iliaot, por attac	oned form.				
CEI	RTIFICATE HOLDER				CANC	ELLATION						
	Greater Rivers Behavioral Heal PO Box 1447	th Org	anizat	ion	THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE F, NOTICE WILL BE DELI Y PROVISIONS.		D BEFORE		
	1 O BOX 1447				AUTHO	RIZED REPRESEN	ITATIVE	_				

Cheehalis



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tr	is certificate does not confer rights to	uie c	erun	cate noticer in fleu of such								
PRO	DUCER				CONTA NAME:	CT Christina	Oakley	<u> </u>				
The	Partners Group Ltd				PHONE (A/C, No E-MAIL	(877) 45	55-5640	FAX (A/C, No):	(425)	455-6727		
1111	Lake Washington Blvd N.				E-MAIL ADDRE	coakley@	tpgrp.com	1 (700,100)		***************************************		
Suit	e 400				ADDICE		SUBERIO AECO	RDING COVERAGE		NAIC#		
Ren	ton			WA 98056	INSURE	The Ohio		irance Company		24074		
INSU		_				Daideeus	av Insurance C			12489		
	American Behavioral Health Sys	tems	Inc		INSURE	кв. •	.,					
	PO Box 141106		,		INSURE							
	1 0 Box 141100				INSURE							
	Spokane Valley			WA 99214	INSURE			· · · · · · · · · · · · · · · · · · ·				
					INSURE	RF:		DE1//01011 1111111111				
	VERAGES CERTIFY THAT THE POLICIES OF I					TO THE INCH		REVISION NUMBER:	100			
IN CI	IIS TO CERTIFY THAT THE FOLICIES OF I DICATED. NOTWITHSTANDING ANY REQUIL ERTIFICATE MAY BE ISSUED OR MAY PERTA (CLUSIONS AND CONDITIONS OF SUCH PO	R DOCUMENT \ D HEREIN IS S	MITH RESPECT TO WHICH T	HIS								
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIO I NOMBER		(MINIDENTITY)	(Minisopri i i i j	EACH OCCURRENCE		00,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 50,0	000		
	CLAIMS-MADE Z OCCUR							PREMISES (Ea occurrence)	\$ 5,00			
В		Y		9HA7MM000203300		10/01/2022	10/01/2023	MED EXP (Any one person)	y .	00,000		
_								PERSONAL & ADV INJURY	3.00	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	3.00	0,000		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,00			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	ļ	0,000		
								(Ea accident)				
	ANY AUTO OWNED SCHEDULED			DAA00445470		10/01/2022	10/01/2023	BODILY INJURY (Per person)	\$			
Α	AUTOS ONLY AUTOS NON-OWNED		BAA00143	BAA60145476		10/01/2022		BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
									\$			
	✓ UMBRELLA LIAB ✓ OCCUR							EACH OCCURRENCE	\$ 4,00	00,000		
В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	00,000		
	DED   RETENTION \$ 0								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE X OTH-	EL-V	/A Stop Gap		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	\$ 1,00	00,000		
_	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"		011/1/1/1/1/100020000		10/01/2022	10/01/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	00,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	00,000		
	Professional Liability							Each Incident	\$1,0	000,000		
В	Froiessional Liability	1		9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)					
Re:	7208 26th St NW, Ste A-100, Stanwood, WA	9829	92									
	Orafonnianal Cantar III C in included on Addit	ional	Inquire	ad an Canaral Liability as thei	ir intoro	t may annaar	a roonooto on	orations performed by ar an				
	Professional Center, LLC is included as Addit alf of the Named Insured, as required by wri				ii iiileies	в шау арреага	as respects op	erations performed by or on				
	, ,			.,								
CEL	TIEICATE HOLDER				CANC	ELLATION						
CEI	RTIFICATE HOLDER				CANC	LLLATION				<del></del>		
					SHC	OULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	ICELLE	D BEFORE		
					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	JL Professional Center, LLC				l acc	ORDANCE WIT	TH THE POLICY	Y PROVISIONS.				
	MK Property Services LLC				AUTHODIZED DEDDESENTATIVE							
	PO Roy 007	PO Box 997						AUTHORIZED REPRESENTATIVE				

Snoqualmie



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

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tl	his certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCE	R				CONTAC NAME:	Onnouna	Oakley				
The	Par	tners Group Ltd				PHONE (A/C, No	o. Ext): (877) 45	55-5640	FA: (A/	X (C, No): (425)	455-6727	
111	1 Lak	ke Washington Blvd N.				E-MAIL ADDRE	coakley@	tpgrp.com				
Suit	e 40	0				ADDILL		SURER(S) AFFOR	RDING COVERAGE		NAIC#	
Rer	nton				WA 98056	INSURE	The Ohio		rance Company		24074	
INSL							Dridgowe	ay Insurance C			12489	
""	ILL	American Behavioral Health Sys	tome	Inc		INSURE	.кв. •	,	on party		12.00	
		•	icilis	, 1110.		INSURE	_				<del></del>	
		PO Box 141106				INSURE	R D :					
l						INSURE	RE:					
L		Spokane Valley			WA 99214	INSURE	RF:			······································	l	
			_		NUMBER: 22-23 GL AL X				REVISION NUMBER		<del></del>	
		S TO CERTIFY THAT THE POLICIES OF I										
		ATED. NOTWITHSTANDING ANY REQUIF FICATE MAY BE ISSUED OR MAY PERTA										
		ISIONS AND CONDITIONS OF SUCH PO						_AIMS.				
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	×	COMMERCIAL GENERAL LIABILITY					, ,		EACH OCCURRENCE	\$ 1,0	00,000	
	<u> </u>	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrent	s 50,	000	
		CEAIMIC-MIABLE [ 2 4 COCCIN							MED EXP (Any one perso	E 0	00	
В			ΙΥ		9HA7MM000203300		10/01/2022	10/01/2023		10	00,000	
-	-								PERSONAL & ADV INJUR	30	00,000	
		N'L AGGREGATE LIMIT APPLIES PER:	ŀ						GENERAL AGGREGATE	30	00,000	
l	×	POLICY LOC							PRODUCTS - COMP/OP	AGG \$ 3,0		
<b></b> -	<u> </u>	OTHER:	-	-					COMBINED SINGLE LIMI		00.000	
l	AU	FOMOBILE LIABILITY							(Ea accident)	- + 1,0	00,000	
	×	ANY AUTO				10/01/2022			BODILY INJURY (Per per			
Α		OWNED SCHEDULED AUTOS			BAA60145476		10/01/2022	2   10/01/2023	BODILY INJURY (Per acc	cident) \$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
	×	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 4,0	00,000	
В		EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,0	00,000	
		DED X RETENTION \$ 0	1							s		
		RKERS COMPENSATION							PER STATUTE	OTH- EL - V	VA Stop Gap	
_		PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT		00,000	
В	OFF	ICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. DISEASE - EA EMPL	OYEE \$ 1,0	00,000	
İ	If ye	s, describe under								10	00,000	
$\vdash$	DES	CRIPTION OF OPERATIONS below		<del> </del>					E.L. DISEASE - POLICY I	LIMIT 4	000,000	
В	Pro	ofessional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate		000,000	
٦					311A7 WIW 000203300		10/01/2022	10/01/2023	Aggregate	Ψ <sup>0</sup> ,	000,000	
		TION OF OPERATIONS / LOCATIONS / VEHICLE				-						
		unty, its officers, officials, employees and ns performed by or on behalf of the Nan										
		er attached form.	iicu ii	Buico	, as required by written contin	act. GL	raditional insul	ca i ililary an	a Non-contributory pr	041310113		
	•											
CEI	RTIF	ICATE HOLDER				CANO	ELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
									F, NOTICE WILL BE DE	ELIVERED IN		
		King County Behavioral Health a	and R	ecove	ery Division	ACC	ORDANCE WII	IN INE POLIC	Y PROVISIONS.			
		MS: CNK-CHS-0400				AUTHORIZED REPRESENTATIVE						

401 5th Ave, Suite 400

Seattle



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

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PRO	DUCER				CONTACT Christina Oakley					
	Partners Group Ltd				NAME: PHONE	(877) AF		FAX	(425)	155-6727
	·			· ·	(A/C, No E-MAIL	), EXT): ` ′		(A/C, No):	(120)	
	Lake Washington Blvd N.				ADDRES	ss: coakley@	tpgrp.com			
Suit	e 400					INS	SURER(S) AFFOR	DING COVERAGE		NAIC #
Ren	ton			WA 98056	INSURE	RA: The Ohio	Casualty Insu	rance Company		24074
INSU	RED				INSURE	RB: Bridgewa	ay Insurance C	ompany		12489
	American Behavioral Health Sys	tems	Inc.		INSURE	R.C.				
	PO Box 141106				INSURE					
	Chakana Vallay			WA 99214	INSURE					
	Spokane Valley				INSURER F:  XS PL REVISION NUMBER:					
				NUMBER: 22-23 GLALX						
	IIS IS TO CERTIFY THAT THE POLICIES OF I									
	DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA									
	CLUSIONS AND CONDITIONS OF SUCH PO							SDSEOT TO ALL THE TERMIC	''	
INSR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP	LIMIT	·e	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			0,000
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	50.0	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 50,0	
								MED EXP (Any one person)	\$ 5,00	0
В				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
	PRO-							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000
	- 0201 -							PRODUCTS - COMPTOP AGG	\$	
	OTHER:	ļ			-		***	COMBINED SINGLE LIMIT	<u> </u>	0.000
	AUTOMOBILE LIABILITY							(Ea accident)	\$ 1,00	0,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS ONLY			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	7.01.00 0.1121								\$	
	WMBRELLA LIAB OCCUR							FACH OCCUPRENCE	s 4,00	0,000
В	- FYOEGOLIAR - OCCOR			9HATUM000201500		10/01/2022	10/01/2023	EACH OCCURRENCE	4.00	0,000
	CLAIMS-MADE		:	011/(10111000201000		10/01/2022	10/01/2020	AGGREGATE	\$ 4,00	0,000
	DED RETENTION \$ 0							I DED I A OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N							PER STATUTE X OTH-	L	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
_	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			01,01,01,000		10/0//2022	10/01/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s 1,00	0,000
								Each Incident	<u> </u>	00,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3.0	00,000
_				0		10/01/2022	10/01/2020	7.199.094.0	, ,,,	55,555
		L	<u> </u>							
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more sp	pace is required)			
EVIC	ence of Insurance									
CE	TIFICATE HOLDER				CANC	ELLATION				
									•	
								SCRIBED POLICIES BE CAI		BEFORE
					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
	Molina Healthcare				ACCORDANCE WITH THE POLICY PROVISIONS.					
	Attn: Jessica Willard				AUTHORIZED REPRESENTATIVE					
	19120 SE 34th St., 2nd Floor				AUTHORIZED REPRESENTATIVE					
	Vancouver			WA 98683						
	1			50000						



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

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L tr	is certificate does not confer rights to	the c	ertiff	cate noticer in tieu of such						
PRO	DUCER				CONTAC NAME:	Christina (	Oakley			
The	Partners Group Ltd				PHONE (A/C, No	(877) 45	55-5640	FAX (A/C, No):	(425) 4	155-6727
111	Lake Washington Blvd N.				E-MAIL ADDRES	analday@	tpgrp.com	j (A/O, NO).		
	e 400				ADDKE	33.		DING COVERAGE		NAIC#
Rer				WA 98056	INSURE	The Ohio		rance Company		24074
INSL					INSURE	Daidean	ay Insurance C			12489
	American Behavioral Health Sys	stems	, Inc.		INSURE	кв	•			
	PO Box 141106									
					INSURE					
	Spokane Valley			WA 99214	INSURE					
CO	<del></del>	TIFIC	ATF	NUMBER: 22-23 GL AL X		INT (		REVISION NUMBER:		<del></del>
	HIS IS TO CERTIFY THAT THE POLICIES OF			HOMBER.		TO THE INSUR			IOD	
IN C	DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI	NT, TE	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT \ D HEREIN IS SI _AIMS.	MTH RESPECT TO WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	Γ						EACH OCCURRENCE	\$ 1,00	00,000
	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	\$ 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	0,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000
	OTHER:	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$				_			\$	
	AUTOMOBILE LIABILITY	l						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 (Per accident)	\$	
									\$	
	✓ UMBRELLA LIAB     ✓ OCCUR							EACH OCCURRENCE	\$ 4,00	00,000
В	EXCESS LIAB CLAIMS-MADE	]		9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	00,000
	DED RETENTION \$ 0								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							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	\$ 1,00	
	OFFICER/MEMBER EXCLUDED?   (Mandatory in NH)   If yes, describe under							E.L. DISEASE - EA EMPLOYEE	4	00,000
	DESCRIPTION OF OPERATIONS below	<u></u>						E.L. DISEASE - POLICY LIMIT	3	00,000
	Professional Liability							Each Incident		000,000
В				9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	000,000
DES	I CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	IO1, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)		·	
	th Sound Behavioral Health Organization, L						interest may a	appear as respects operation	ıs	
per	ormed by or on behalf of the Named Insured	d, as r	equire	ed by written contract, per atta	ched fo	rms.	•	•		
CEI	RTIFICATE HOLDER				CANC	ELLATION				***************************************
						············				
								SCRIBED POLICIES BE CAN		) BEFORE
	North Sound Behavioral Health	Organ	nizatio	on II C				F, NOTICE WILL BE DELIVER Y PROVISIONS.	ED IN	
	301 Valley Mall Way, Suite 110	Organ	nzaliO	III, LLO						
	Jo i valley Iviali vvay, Juile 110				AUTHORIZED REPRESENTATIVE					
	Mount Vernon			WA 98273		~		$\gg U$		



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PRODUCER				CONTAC NAME:	Christina (	Dakley				
The Partners Group Ltd				PHONE (A/C, No	Ext): (877) 45	55-5640		FAX (A/C, No):	(425) 4	155-6727
1111 Lake Washington Blvd N.				E-MAIL ADDRES	oooklov@	tpgrp.com				
Suite 400						SURER(S) AFFOR	RDING COVERAGE			NAIC #
Renton			WA 98056	INSURE	The Ohio		urance Company			24074
INSURED				INSURE	Daidagous	y Insurance C	ompany		$\neg \neg$	12489
American Behavioral Health Sy	stems	, Inc.		INSURE			i			
PO Box 141106				INSURE						
Spokane Valley			WA 99214	INSURE						
	TIEIC	ATE	NUMBER: 22-23 GL AL >	INSURE	KF:		REVISION NUM	DED:		
THIS IS TO CERTIFY THAT THE POLICIES OF			HOMBEIL.		TO THE INSUE				חס	
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH PO	AIN, T	HE IN	SURANCE AFFORDED BY THE	E POLICI	ES DESCRIBE	HEREIN IS S			S	
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
COMMERCIAL GENERAL LIABILITY	11130	1	. JEIGT HOMBER		,	J	EACH OCCURRENC		1,00	0,000
CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	ED -	E0.0	00
							MED EXP (Any one	person) \$	5,00	0
В	Y		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV I	NJURY \$	1,00	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:	ŀ						GENERALAGGREG	SATE \$	3,00	0,000
POLICY PRO- LOC							PRODUCTS - COMP		3,00	0,000
OTHER:								\$	;	
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT \$	1,00	0,000
X ANY AUTO							BODILY INJURY (Pe	er person) \$		
A OWNED SCHEDULED			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Pe	er accident) \$	3	
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	SE s		
AUTOS ONLY AUTOS ONLY					=		(Per accident)	s		
✓ UMBRELLA LIAB ✓ OCCUR	+-	<del>                                     </del>					EAGU GGGUDDEN	<del></del>	4.00	0,000
P EVOESS LIAB			9HATUM000201500		10/01/2022	10/01/2023	EACH OCCURRENCE		4.00	0,000
CLAIMS-MADE	1						AGGREGATE	\$	, .,	
DED   RETENTION \$ U	1						PER STATUTE	× erh- E	FI - W	A Stop Gap
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR PARTIES (EXECUTIVE									4.00	0,000
B ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDEN		1.00	0,000
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E		4.00	0,000
DESCRIPTION OF OPERATIONS below	1	+					E.L. DISEASE - POL Each Incident	ICY LIMIT \$	, .	00,000
Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023				00,000
			911/4/10101000203300		10/01/2022	10/01/2023	Aggregate		φ3,0	50,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD 1	 	may be at	tached if more so	ace is required)	L	L		
North Sound Mental Health Association, its offic may appear as respects operations performed	ers, c	officials	s, employees and agents are	included	as Additional I	nsured on Ger	,	neir interest		
		<u>-</u> -,	·							
CERTIFICATE HOLDER				CANC	ELLATION					
North Sound Mental Health Ass 301 Valley Mall Way, Suite 110	ociati	on		THE ACC	EXPIRATION D	H THE POLICY	SCRIBED POLICIE F, NOTICE WILL BI Y PROVISIONS.			) BEFORE
				AUTHOR			- ^			
Mount Vernon			WA 98273	1	~	-	<i>&gt;_11</i>			



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

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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	(877) //	55-5640	F/	AX VC, No): (425)	) 455-6727
1111	Lake Washington Blvd N.				E-MAIL ADDRES	anaklay@	tpgrp.com		<del></del>	
Suit	e 400						SURFR(S) AFFOR	RDING COVERAGE		NAIC#
Ren	ton			WA 98056	INSURE	The Ohio		rance Company		24074
INSU						Deideeus	ay Insurance C	<u>:</u>		12489
11430	American Behavioral Health Sys	tome	Inc		INSURE	KB. 5	ay modrance o			12400
	•	iciiis	, 1110.		INSURE	RC:			<del></del>	
	PO Box 141106				INSURE	RD:				
l					INSURE	RE:				
	Spokane Valley			WA 99214	INSURE	RF:				
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 22-23 GL AL X	(S PL			REVISION NUMBE	R:	
	HIS IS TO CERTIFY THAT THE POLICIES OF I									
	DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA									
	(CLUSIONS AND CONDITIONS OF SUCH PO							OBJECT TO ALL THE	TERWIS,	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NUMBER		(MM/DD/TTTT)	(MIMIDDITTT)	EAGU GOOURREUGE		000,000
								DAMAGE TO RENTED PREMISES (Ea occurrer	ΙΦ .	,000
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrer	F (	
_		.,				10/01/0000		MED EXP (Any one pers	5011) 4	000
В		Υ		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJU	J(1   4 ·	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<del>`</del>	000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OF	PAGG \$ 3,0	000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIN (Ea accident)	MIT \$ 1,0	000,000
	X ANY AUTO							BODILY INJURY (Per pe	erson) \$	
Α	OWNED SCHEDULED			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per ac	ccident) \$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	- s	
	✓ UMBRELLA LIAB     ✓ OCCUP								- 1	000,000
В	H <sub>EYOFOOLIAR</sub> H <sup>OCCOR</sup>			9HATUM000201500		10/01/2022	10/01/2023	EACH OCCURRENCE	3 /	000,000
Р	EXCESS LIAB CLAIMS-MADE			90A10W000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,0	000,000
	DED RETENTION \$ 0	ļ						I DED. To al	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE X	EK	WA Stop Gap
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	\$ 1,0	000,000
_	(Mandatory in NH)							E.L. DISEASE - EA EMP	PLOYEE \$ 1,0	000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT \$ 1,0	000,000
	Drofossional Liability							Each Incident	\$1	,000,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3	,000,000
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	CORD 1	I 01. Additional Remarks Schedule.	mav be at	tached if more si	Dace is required)	L		
	ation: 1504 E Springfield Ave., Suite 201, Sp			•	,		,,			
	ation. 1004 E opinighcia 746., danc 201, op	Ollan	c vanc	sy, <b>vu</b> (0000)						
	g Corporation is included as Additional Insur				eneral Lia	ability as their i	nterest may ap	pear in the above ca	aptioned	
prer	nises, as respects written agreement with th	e Nai	med Ir	nsured.						
CEF	RTIFICATE HOLDER				CANC	ELLATION				
ŀ								SCRIBED POLICIES		
								F, NOTICE WILL BE D	ELIVERED IN	
	Pring Corporation				ACC	OKDANCE WI	IN INE POLIC	Y PROVISIONS.		
l	15404 E. Springfield Ave.				AUTUC	DIZED DEDDECE	NTATIVE			
ı	C 000				I WO I HO	RIZED REPRESE!	AIWIIAE			

Spokane Valley



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

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	is certificate does not comer rights to	410	, C1 (111)	Julio Holder III lied of Juell						
PRO	DUCER				CONTAC NAME:	Omisina	Oakley			
The	Partners Group Ltd				PHONE (A/C, No	e, Ext); (877) 45	55-5640	FAX (A/C, No):	(425)	155-6727
1111	Lake Washington Blvd N.				E-MAIL ADDRE	coakley@	tpgrp.com	1 (1.15, 140).		
	e 400				ADDRE		SURER(S) AFFOR	DING COVERAGE		NAIC #
Ren	ton			WA 98056	INSURE	The Ohio		rance Company		24074
INSU	RED				INSURE	Dridgous	ay 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	ATE	NUMBER: 22-23 GLALX		<u> </u>		REVISION NUMBER:		
IN	HIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUIL ERTIFICATE MAY BE ISSUED OR MAY PERTA	REME	NT, TE	ERM OR CONDITION OF ANY	CONTRA	ACT OR OTHER	R DOCUMENT \	WITH RESPECT TO WHICH T	HIS	
E)	CCLUSIONS AND CONDITIONS OF SUCH PO	LICIE	S. LIM	IITS SHOWN MAY HAVE BEEN		ED BY PAID C	_AIMS.		'	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	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		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- LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000
	OTHER:								\$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	X ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET							(i di dolidoni)	\$	
	➤ 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	1							\$	
	WORKERS COMPENSATION	1			-			PER STATUTE X OTH-	EL - W	/A Stop Gap
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE			0114744400000000		40/04/0000	40/04/0000	E.L. EACH ACCIDENT	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 EMPLOYEE	s 1,00	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		0,000
		<u> </u>						Each Incident	<del></del>	00,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	000,000
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	L	ORD 1	01. Additional Remarks Schedule	may be a	ttached if more si	pace is required)			
	sh Behavioral Health Organization is include	•			-	•		spects operations performed		
	or on behalf of the Named Insured, as require				, 40 11		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CE	RTIFICATE HOLDER				CANC	ELLATION				
CEL	CHI TOATE HOLDER				CARC	LLLAHUN				
								SCRIBED POLICIES BE CAN		D BEFORE
	Callab Dak-suit-sel Us-like Co. 1	A! -	_					F, NOTICE WILL BE DELIVER Y PROVISIONS.	ED IN	
	Salish Behavioral Health Organi	zatior	1		"					
	614 Division Street				AUTHO	RIZED REPRESE	NTATIVE			

Port Orchard



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

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Ţ	nis certificate does not confer rights to	the c	ertifi	cate holder in lieu of such		· /				
PRO	DUCER				CONTAC NAME:	CT Christina	Oakley			
The	Partners Group Ltd				PHONE (A/C, No	(877) 4	55-5640	FA (A	AX (C, No): (425)	455-6727
111	1 Lake Washington Blvd N.				E-MAIL ADDRES	coakley@	tpgrp.com	11/5		
Sui	te 400				ADDICE		PUREDIEN AEFOR	RDING COVERAGE		NAIC#
Rer	nton			WA 98056	INCUE	The Ohio		rance Company		24074
	IRED				INSURE	Dridge.	ay Insurance C			12489
11430	American Behavioral Health Sys	tomo	Inc		INSURER B. 0 7					
	PO Box 141106	icins,	, IIIC.		INSURE	RC:				
	PO BOX 141106				INSURE	RD:				
					INSURE	RE:				
	Spokane Valley			WA 99214	INSURE	RF:				<u> </u>
				NUMBER: 22-23 GL AL X				REVISION NUMBE		
	HIS IS TO CERTIFY THAT THE POLICIES OF I									
	IDICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA									
	XCLUSIONS AND CONDITIONS OF SUCH PO							OBJECT TO ALL THE	TERWIS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NOMBER		(MIMIDDITTT)	(MM/DD/TTTT)	EACH OCCUPPENCE		00,000
					i			EACH OCCURRENCE DAMAGE TO RENTED	- + 50	
	CLAIMS-MADE OCCUR				:			PREMISES (Ea occurren	ice) \$	
ь		Υ		0114784840000000000		10/01/2022	40/04/0000	MED EXP (Any one pers	4.0	
В	<u> </u>	Y		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJU	// J	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	- • •	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OF	AGG \$ 3,0	00,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIM (Ea accident)	<sup>/IT</sup> \$ 1,0	00,000
	X ANY AUTO							BODILY INJURY (Per per	erson) \$	
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per acc	cident) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		
	➤ UMBRELLA LIAB ➤ OCCUR			**************************************				5.00.000.000.00	s 4,0	00,000
В	EXCESS LIAB			9HATUM000201500		10/01/2022	10/01/2023	EACH OCCURRENCE	1 40	00,000
	CLAIMS-WADE			,		10/01/2022	10/01/2020	AGGREGATE	- 1	
	DED RETENTION \$ WORKERS COMPENSATION							I PER	OTH- FL V	VA Stop Gap
	AND EMPLOYERS' LIABILITY Y/N							PER STATUTE X	EK	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT		00,000
	(Mandatory in NH)							E.L. DISEASE - EA EMP	LUILL   4	00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY		00,000
	Professional Liability							Each Incident	\$1,	000,000
В				9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,	000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	pace is required)			
	kane County Community Services Housing a								est may	
арр	ear as respects operations performed by or o	on be	half of	the Named Insured, as requi	red by v	vritten contract	, per attached	from.		
		*****								
CEI	RTIFICATE HOLDER				CANC	ELLATION				
					600		UE ADOVE DE	SCRIBED POLICIES E	DE CANCEL!	D DEFORT
								SCRIBED POLICIES E , NOTICE WILL BE DI		D BEFURE
	Spokane County Community Ser	vices	Hous	sing				PROVISIONS.		
	Spokarie County Community Services Housing									
	and Comm. Dev. Dept.  312 W 8th Ave 4th Floor									

Spokane



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

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	SUBROGATION IS WAIVED, Subject to is certificate does not confer rights to			-			may require	an endorsemen	it. A state	einent (	OII
	DUCER				CONTAI NAME:		Oakley				
	Partners Group Ltd				PHONE (A/C, No				FAX (A/C, No):	(425)	455-6727
1	Lake Washington Blvd N.				E-MAIL ADDRE	se. coakley@			(A/C, No):		
l .	e 400				ADDRE			RDING COVERAGE			NAIC#
Ren				WA 98056	INSURE	The Ohio		rance Company			24074
INSU					INSURE	Drideeus	ay Insurance C				12489
	American Behavioral Health Sys	tems	, Inc.		INSURE	.кв. •				****	
l	PO Box 141106				INSURE						
					INSURE			T. W. W. T. A. W			
	Spokane Valley			WA 99214	INSURE						
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 22-23 GL AL X	(S PL			REVISION NUM	BER:		
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUII ERTIFICATE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCH PO	REME VIN, TI LICIE	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 DESCRIBEI CED BY PAID CL	R DOCUMENT \ D HEREIN IS S _AIMS.	MTH RESPECT TO	O WHICH TH	HIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s	
l	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	Æ	\$ 1,00	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	:D	\$ 50,0	000
l								MED EXP (Any one p	person)	\$ 5,00	00
В				9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV II	NJURY	\$ 1,00	00,000
l	GEN'L AGGREGATE LIMIT APPLIES PER:					ľ		GENERAL AGGREG	ATE	\$ 3,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP	'/OP AGG	\$ 3,00	00,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,00	00,000
l	X ANY AUTO							BODILY INJURY (Per	r person)	\$	
Α	OWNED SCHEDULED AUTOS		!	BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	,E	\$	
<u> </u>										\$	
	✓ UMBRELLA LIAB ✓ OCCUR							EACH OCCURRENC	Æ	Ψ	00,000
В	EXCESS LIAB CLAIMS-MADE			9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE		\$ 4,00	00,000
	DED RETENTION \$ 0								Low	\$	
l	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE >	✓ OTH- ER		VA Stop Gap
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDEN	1T	Ψ	00,000
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	Ψ	00,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	<u> </u>	00,000
_	Professional Liability							Each Incident			000,000
В	·			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate		\$3,0	000,000
DEC.	PRINTION OF OPERATIONS (LOCATIONS (VEHICLE	C (AC	CORD 4	04. Additional Damadra Cabadula		tteched if more or		L			
l	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Lence of Insurance Only.	:5 (AC	JORD I	or, Additional Remarks Schedule,	шау ре а	mached if more sp	bace is required)				
EVIC	ience of insurance only.										
<u> </u>									<del></del>		
CE	RTIFICATE HOLDER				CANC	ELLATION					
								SCRIBED POLICIE			D BEFORE
	State of Washington Departmen	t of Li	icensir	ng	ACC	ORDANCE WIT	TH THE POLIC	PROVISIONS.			
	Master License Service										
İ	P.O. Box 9034				AUTHO	RIZED REPRESE!	NIATIVE				

Olympia



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

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tł	is certificate does not confer rights to	the o	ertifi	cate holder in lieu of such						
PRO	DUCER				CONTA NAME:	CT Christina	Oakley			
The	Partners Group Ltd				PHONE (A/C, No	(877) 4	55-5640	FAX (A/C, I	(425)	455-6727
111	Lake Washington Blvd N.				E-MAIL ADDRE	coakley@	tpgrp.com	Thuc,	.0/.	
Sui	e 400				ADDRE		CURER(C) AFFOR	RDING COVERAGE		NAIC#
Rer	ton			WA 98056		The Ohio		rance Company		24074
INSL					INSURE	Dridgous				12489
IIVSC			Ina		INSURER B: Bridgeway Insurance Company					12409
	American Behavioral Health Sys	stems	, inc.		INSURE	RC:		w		
	PO Box 141106				INSURE	RD:				
ŀ					INSURE	RE:				
	Spokane Valley			WA 99214	INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER: 22-23 GLAL)	(S PL			REVISION NUMBER:		
TI	HIS IS TO CERTIFY THAT THE POLICIES OF	INSUF	RANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSU	RED NAMED A	BOVE FOR THE POLICY	PERIOD	
	DICATED. NOTWITHSTANDING ANY REQUI									
	ERTIFICATE MAY BE ISSUED OR MAY PERT. (CLUSIONS AND CONDITIONS OF SUCH PO							OBJECT TO ALL THE TER	avio,	
INSR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		.IMITS	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		1.00	00,000
			1					EACH OCCURRENCE DAMAGE TO RENTED	- FO C	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 50,0	
								MED EXP (Any one person)	\$ 5,00	
В		Y		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
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G \$ 3,00	00,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Per person	) \$	
Α	OWNED SCHEDULED			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accide	<u>`-</u>	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	S IMPREMANDE S	1	-							20.000
	WIMBRELLA LIAB OCCUR			011471115000004500		40/04/0000	40/04/0000	EACH OCCURRENCE	1 9	00,000
В	EXCESS LIAB CLAIMS-MADE	1		9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	\$ 4,00	00,000
	DED   RETENTION \$ 0								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE X OT		VA Stop Gap
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. EACH ACCIDENT	\$ 1,00	00,000
	OFFICER/MEMBER EXCLUDED? [] (Mandatory in NH)	IN/A		911A71VIIVIOU0203300		10/01/2022	10/01/2023	E.L. DISEASE - EA EMPLOY	EE \$ 1,00	00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	ļ						E.L. DISEASE - POLICY LIM	4.00	00,000
								Each Incident	··	000,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3.0	000,000
								33 3	'-'	,
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES /A/	OPD 1	01 Additional Pamarks Schodula	may bo a	tached if more cr	ann is mauired)			
		•		•	•	•			<b>5</b> M	
	BH-ASO, THURSTON COUNTY, MASON C TE are included as Additional Insured on G									
	red, as required by written contract, per the							.,		
CE	RTIFICATE HOLDER				CANC	ELLATION				
										•
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE	CANCELLE	D BEFORE
								F, NOTICE WILL BE DELI	VERED IN	
	TMBH-ASO				ACC	ORDANCE WIT	H THE POLIC	Y PROVISIONS.		
	612 Woodland Square Loop SE				A 1 1 == 1 - =	DIZED DESSEC-	17ATD #			
					AUTHO	RIZED REPRESEN	NIATIVE			

Ste 401

Lacey

WA 98503-1070



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

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th	is c	ertificate does not confer rights to	the c	ertifi	cate holder in lieu of such							
PRO	DUCE	R				CONTAC NAME:	CT Christina	Oakley				
The	Part	tners Group Ltd				PHONE (A/C, No	(877) 4	55-5640		FAX (A/C, No):	(425) 4	55-6727
1111	I Lak	ke Washington Blvd N.				E-MAIL ADDRES	coakley@	tpgrp.com		(Alo, No).		-
Suit	e 40	0				ADDRE		CUREDIC) ACCOR	DING COVERAGE			NAIC #
Ren	ton				WA 98056	INCHES	The Ohio		rance Company			24074
INSU						INSURE	Did.					12489
11430	KED	American Bahayiaral Health Cya	tomo	Ina		INSURER B: Bridgeway Insurance Company						12400
		American Behavioral Health Sys	ilei i i S	, IIIC.		INSURE	RC:					
		PO Box 141106				INSURE	RD:					
					ļ	INSURE	RE:					
L		Spokane Valley			WA 99214	INSURE	RF:					
					NUMBER: 22-23 GL AL X				REVISION NUME			
		S TO CERTIFY THAT THE POLICIES OF I										
		ATED. NOTWITHSTANDING ANY REQUII FICATE MAY BE ISSUED OR MAY PERTA									15	
		JSIONS AND CONDITIONS OF SUCH PO							ODULOT TO ALL TH	ie reixiio,		
INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		-
	×		11430	1111			1	(	EACH OCCURRENCI	F (	1,00	0,000
	<u> </u>	CLAIMS-MADE OCCUR							DAMAGE TO RENTE	D	E0.0	
	<del> </del>	CEANNS-WADE 2 OCCOR							,	101100)	- C 00	
В	-				9HA7MM000203300		10/01/2022	10/01/2023	MED EXP (Any one po		1.00	0,000
	-				01111111111100020000		10/01/2022	10/01/2020	PERSONAL & ADV IN		2.00	0,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		3.00	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/		, .	0,000
	<u> </u>	OTHER:							COMBINED SINGLE	L IMIT		
	AUT	FOMOBILE LIABILITY							(Ea accident)		1,00	J,000
	$\times$	ANY AUTO							BODILY INJURY (Per	person) \$	<del></del>	JPU .
Α		OWNED SCHEDULED AUTOS			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per			
		HIRED NON-OWNED AUTOS ONLY	ŀ						PROPERTY DAMAGE (Per accident)	E \$	3	
										\$	3	
	×	UMBRELLA LIAB COCCUR							EACH OCCURRENC	E \$	4,00	0,000
В		EXCESS LIAB CLAIMS-MADE		l	9HATUM000201500		10/01/2022	10/01/2023	AGGREGATE	8	4,00	0,000
		DED X RETENTION \$ 0								9		
		RKERS COMPENSATION							PER STATUTE >	C erh-	EL - W	A Stop Gap
		PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		1,00	0,000
В	OFF	ICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023			4 00	0,000
	If yes	s, describe under		l					E.L. DISEASE - EA EI		1,00	
	DES	CRIPTION OF OPERATIONS below	<b></b>						E.L. DISEASE - POLICE Each Incident	CY LIMIT \$		00,000
В	Pro	ofessional Liability	ŧ.		9HA7MM000203300		10/01/2022	10/01/2023	Aggregate			00.000
					911A/1VIIVI000203300		10/01/2022	10/01/2023	Aggregate	İ	Ψ3,0	30,000
			<u>L</u>	<u> </u>								***
		TION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s <sub>l</sub>	pace is required)				
Evid	ience	e of Insurance										
i												
CE	TIE	ICATE HOLDER				CANC	ELLATION					
	VIII	ICATE HOLDEN				CANO	ELLATION					<u> </u>
						SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIE	S BE CANC	ELLEC	BEFORE
						THE	EXPIRATION D	DATE THEREOF	, NOTICE WILL BE			
		Tradesmen International, LLC				ACC	ORDANCE WIT	TH THE POLICY	PROVISIONS.			
		5113 Pacific Highway East										
		Suite 1				AUTHO	RIZED REPRESE	NTATIVE				
		Fife			WA 98424		~		$\mathcal{I}$			



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

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	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to			-	•	•	may require	an endorsement. A state	ement	on
	DUCER			oute notice in nea or such	CONTAC		Dakley	<del></del>		
	Partners Group Ltd				NAME: PHONE (A/C, No			FAX (A/C, No):	(425) 4	155-6727
!	Lake Washington Blvd N.				E-MAIL	cooklov@		(A/C, No):	(420)	
	e 400				ADDRES					
Ren				WA 98056		The Ohio		IDING COVERAGE		NAIC # 24074
INSU				VVA 90000	INSURE	Daidean	y Insurance C			12489
11450	American Behavioral Health Sys	tome	Inc		INSURE	· · · ·		Ompany		12409
	PO Box 141106	icilis,	iiic.		INSURE					
	FO BOX 141100				INSURE					
	Spokane Valley			WA 99214	INSURE					
COV		TIFIC	ATE	NUMBER: 22-23 GL AL X	INSURE	Kr:		REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES OF II				ISSUED	TO THE INSUR			IOD	
	DICATED. NOTWITHSTANDING ANY REQUIR									
	ERTIFICATE MAY BE ISSUED OR MAY PERTA (CLUSIONS AND CONDITIONS OF SUCH POI							UBJECT TO ALL THE TERMS,	•	
INSR LTR		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT		
LIK	COMMERCIAL GENERAL LIABILITY	IIN2D	WVD	1 OLIO 1 NOMBER		(MM/DD/1111)	(MIMI/DD/1111)	EACH OCCURRENCE		0,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 50,0	00
	CEANVIG-INVADE 2 OCCUR							PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 5,00	
В		Υ		9HA7MM000203300		10/01/2022	10/01/2023	PERSONAL & ADV INJURY	•	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			*				GENERAL AGGREGATE	<u> </u>	0,000
	PRO- DECT LOC							PRODUCTS - COMP/OP AGG		0,000
	OTHER:							PRODUCTS - COMPTOP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	X ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ACTOS CINET							(i ci acoldent)	\$	
	✓ 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 X RETENTION \$ 0								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE X OTH-	EL - W	/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	0,000
	(Mandatory in NH)			0111111111100020000		10/01/2022	10/01/2020	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
	Professional Liability							Each Incident	\$1,0	00,000
В				9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	\$3,0	00,000
	,		L	New Jan 18 Williams						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE									
	Loan #10824793 & 10527507 Locations: 44 Angeles, WA 98362 & 500 SE Washington.				2715 E I	Mission Avenue	e, Spokane, W	A 99216, 825 E 5th Street,		
	oqua Bank ISAOA/ATIMA is included as Addi				lity as th	eir interest may	y appear as re	spects the captioned		
	tions.	laarra	~ d							
LICI	RA Enterprises LLC is included as a Named	insure	ea.							
CEF	RTIFICATE HOLDER				CANC	ELLATION				
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	CELLE	BEFORE
					THE	EXPIRATION D	ATE THEREOF	, NOTICE WILL BE DELIVER		- '
	Umpqua Bank ISAOA/ATIMA				ACC	ORDANCE WIT	H THE POLICY	PROVISIONS.		
	PO Box 2888				AUTHOR	RIZED REPRESEN	ITATIVE			

Coppell

TX 75019



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

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th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	DUCER				CONTAC NAME:	CT Christina	Oakley				
The	Partners Group Ltd				PHONE (A/C, No	(877) 45	55-5640		FAX (A/C, No):	(425) 4	155-6727
111	Lake Washington Blvd N.				(A/C, No E-MAIL ADDRES	ss: coakley@	tpgrp.com		(1.00, 110).		
Suit	e 400						SURER(S) AFFOR	RDING COVERAGE	-		NAIC #
Ren	ton			WA 98056	INSURE	The Ohio		rance Company			24074
INSU	RED			***************************************	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						
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 22-23 GL AL X	(S PL			REVISION NUMI	BER:		
IN CI	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT. (CLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI	R DOCUMENT V D HEREIN IS S	WITH RESPECT TO	WHICH TH		
INSR LTR			SUBR		INLDUC	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)				
LTR	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	1.00	0,000
								EACH OCCURRENC DAMAGE TO RENTE	D	<u>Ψ</u>	
	CLAIMS-MADE OCCUR							PREMISES (Ea occur		Ψ F 00	
В		Y		9HA7MM000203300		10/01/2022	10/01/2023	MED EXP (Any one p	,	1.00	0,000
		'		311/4/101000200000		10/01/2022	10/01/2020	PERSONAL & ADV IN		2.00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		F					GENERAL AGGREGA		2.00	0,000
	POLICY JECT LOC							PRODUCTS - COMP.		\$ 3,00	
	OTHER: AUTOMOBILE LIABILITY		<u> </u>					COMBINED SINGLE		\$ 1,00	0.000
	X ANY AUTO	İ						(Ea accident) BODILY INJURY (Per		\$	
Α	OWNED SCHEDULED			BAA60145476		10/01/2022	10/01/2023	BODILY INJURY (Per	· · · +	\$	
•	AUTOS ONLY AUTOS NON-OWNED	ŀ		3.0.031.101.10		10/01/2022	10/01/2020	PROPERTY DAMAGI		\$	
	AUTOS ONLY AUTOS ONLY	İ						(Per accident)		\$	
	➤ UMBRELLA LIAB ➤ OCCUB		<u> </u>								0,000
В	EVOESSIJAB	İ		9HATUM000201500		10/01/2022	10/01/2023	EACH OCCURRENC		Φ .	0,000
	DED RETENTION \$ 0	┧						AGGREGATE		\$ 1,	
	WORKERS COMPENSATION	<del> </del>	<del> </del>					PER STATUTE >	<b>⋜</b> ETH-	EL - W	/A Stop Gap
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN			0,000
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9HA7MM000203300		10/01/2022	10/01/2023	E.L. DISEASE - EA E		Ψ	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI		<del></del>	0,000
		<del>                                     </del>	<del> </del>					Each Incident	CTLIMIT	Ψ	00,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023	Aggregate		\$3,0	00,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	tached if more sp	pace is required)	***************************************			
	hington State Apple Blossom Festival Asso appear as respects operations performed l							ral Liability as their	interest		
	<u> </u>										
CEF	TIFICATE HOLDER				CANC	ELLATION					
					6HV		HE ABOVE DE	SCRIBED POLICIE	S DE CAN	^E!!E	DEEODE
					THE	EXPIRATION D	ATE THEREO	F, NOTICE WILL BE			, DEI OILE
	Washington State Apple Blosso	m Fes	tival A	Association	ACC	ORDANCE WIT	TH THE POLICY	Y PROVISIONS.			
	City of Wenatchee										
	PO Boy 2836				AUTHO	RIZED REPRESEN	NTATIVE				

Wenatchee



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th	is certificate does not confer rights to	the o	certifi	cate holder in lieu of such						
PRO	DUCER				CONTAC NAME:	Christina C	Oakley			
The	Partners Group Ltd				PHONE (A/C, No	. Ext): (877) 45	55-5640	FAX (A/C, No):	(425)	155-6727
111	Lake Washington Blvd N.				E-MAIL ADDRES	coaklev@	tpgrp.com	1 4 3 3 7 3 3 6		
Suit	e 400				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SURER(S) AFFOR	RDING COVERAGE		NAIC#
Rer	ton			WA 98056	INSURE	The Ohio		rance Company		24074
INSU						Dridaowe	ay Insurance C	<u> </u>		12489
	American Behavioral Health Sys	teme	Inc		INSURE	кв. •	.,	Cimpany		12.100
	PO Box 141106	, ciris	, 1110.		INSURE					
	FO BOX 141100				INSURE					
	On alloway Mallow			18/8 00044	INSURE	RE:				
L	Spokane Valley			WA 99214	INSURE	RF:				
		_	_	NUMBER: 22-23 GLALX				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES OF									
	DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT.									
	(CLUSIONS AND CONDITIONS OF SUCH PC								,	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
	COMMERCIAL GENERAL LIABILITY		1111			,		EACH OCCURRENCE	s 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00
	CLAIMS-MADE 2 OCCOR								\$ 5,00	0
В		Y		9HA7MM000203300		10/01/2022	10/01/2023	MED EXP (Any one person)	Ψ	0,000
		'						PERSONAL & ADV INJURY	3 00	0.000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	3 00	0,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	P .	
	OTHER:	-						COMBINED SINGLE LIMIT	\$	0.000
	AUTOMOBILE LIABILITY							(Ea accident)	\$ 1,00	
	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 (Per accident)	\$	
								·	\$	
	₩ UMBRELLA LIAB							EACH OCCURRENCE	\$ 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	1							s	
	WORKERS COMPENSATION							PER STATUTE X OTH-	EL - W	/A Stop Gap
_	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	, 1,00	0,000
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9HA7MM000203300		10/01/2022	10/01/2023		s 1,00	0,000
	(Mandatory in 1917) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	1.0	0,000
	DESCRIPTION OF OPERATIONS below	-	<del> </del>					E.L. DISEASE - POLICY LIMIT  Each Incident	Ψ	00.000
В	Professional Liability		ŀ	9HA7MM000203300		10/01/2022	10/01/2023	Aggregate	1 ' '	00,000
				311/4/10/1000200000		10/01/2022	10/01/2020	Aggregate	Ψ0,0	.00,000
250	DESCRIPTION OF OPEN ATIONS (1 OO ATIONS (1/E))	L		1					<u></u>	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE				-	•				
	chington State Department of Commerce its ear as respects operations performed by or							Liability as their interest ma	ıy	
арр	car as respects operations performed by or	011 50	ilali 0	r the Hamed modred, as requ	iica by v	milen comiaci	•			
CE	RTIFICATE HOLDER				CANC	ELLATION				
							· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
								SCRIBED POLICIES BE CAI		BEFORE
								F, NOTICE WILL BE DELIVER Y PROVISIONS.	₹ED IN	
	Washington State Department of	f Con	nmerc	е	***	OKDANCE WII	II INE PULIC	FROVISIONS.		
	PO Box 4525				ALITHO	RIZED REPRESEN	ITATIVE	<del>,, </del>		<u> </u>
	1011 Plum Street SE				1 ~~	WELD IVELIVEDED		_		

Olympia

WA 98504-2525



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

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

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

If SUBROGATION IS WAIVED, subject to the terms and conditions of the po this certificate does not confer rights to the certificate holder in lieu of such	licy, certain policies may require an endorsement. A statement o	
PRODUCER	CONTACT Christina Oakley	
The Partners Group Ltd	PHONE (877) 455-5640 FAX (A/C, No). (425) 45	55-6727
1111 Lake Washington Blvd N.	E-MAIL ADDRESS: coakley@tpgrp.com	
Suite 400	INSURER(S) AFFORDING COVERAGE	NAIC #
Renton WA 98056	INSURER A: The Ohio Casualty Insurance Company	24074
INSURED	INSURER B: Bridgeway Insurance Company	12489
American Behavioral Health Systems, Inc.	INSURER C:	
PO Box 141106	INSURER D:	
	INSURER E:	
Spokane Valley WA 99214	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 22-23 GL AL X	(S PL REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN	CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS E POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,	
INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS	
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$ 1,000	,000
CLAIMS-MADE OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,00	0
	MED EXP (Any one person) \$ 5,000	

LTR	TIPE OF INSURANCE	INSDIW	/DI POLICY NUMBER	(MM/DD/TTTT)	(MM/DD/YYYY)	LIMIT	
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 50,000
	CLAIMS-MADE OCCUR					PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 50,000 \$ 5,000
В		Y	9HA7MM000203300	10/01/2022	10/01/2023	PERSONAL & ADV INJURY	\$ 1,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000
1	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	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 (Per accident)	\$
1							\$
	✓ UMBRELLA LIAB     ✓ OCCUR					EACH OCCURRENCE	\$ 4,000,000
В	EXCESS LIAB CLAIMS-MADE		9HATUM000201500	10/01/2022	10/01/2023	AGGREGATE	\$ 4,000,000
	DED   RETENTION \$ 0						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE X OTH-	EL - WA Stop Gap
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	9HA7MM000203300	10/01/2022	10/01/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	''''				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Professional Liability					Each Incident	\$1,000,000
В	1 Tolessional 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)

The State of Washington, its agents and employees are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract.

CERTIFICATE HOLDER		CANCELLATION		
Washington State Department of Corrections		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Contracts and Legal Affairs P.O. Box 41114		AUTHORIZED REPRESENTATIVE		
Olympia	WA 98504-1114			



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

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th	is certificate does not confer rights to	the o	certifi	cate holder in lieu of such						
PRO	DUCER				CONTACT Christina Oakley					
The Partners Group Ltd						o, Ext): (877) 45	55-5640	FAX (A/C, No):	(425)	455-6727
111	1 Lake Washington Blvd N.				E-MAIL ADDRE	coakley@	tpgrp.com			
Suit	re 400				7155115		SURER(S) AFFOR	RDING COVERAGE		NAIC#
Rer	iton			WA 98056	INSURE	The Ohio		rance Company		24074
	RED					Dridgove	y Insurance C			12489
11430	American Behavioral Health Sys	tome	Inc		INSURE	.кв	- Insurance o			12-100
	PO Box 141106	, cirio	, 1110.		INSURE					······
	PO BOX 141100				INSURE	RD:				
l				14/4 00044	INSURE	RE:	·			
	Spokane Valley			WA 99214	INSURE	RF:				
				NUMBER: 22-23 GLALX				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES OF I									
	IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA									
	CLUSIONS AND CONDITIONS OF SUCH PO								•	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY		1	-		, , , , , ,		EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 50,0	000
	CEANIG-WASE 24 COCCIN							MED EXP (Any one person)	\$ 5,00	00
В		ΙΥ		9HA7MM000203300		10/01/2022	10/01/2023		Ψ	00,000
_		`					, 5, 5 11 2 5 2 5	PERSONAL & ADV INJURY	3.00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		ŀ					GENERAL AGGREGATE	3.00	0,000
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	Ψ	
	OTHER:		<b>├</b> ─					COMBINED SINGLE LIMIT	\$	2000
	AUTOMOBILE LIABILITY							(Ea accident)	\$ 1,00	00,000
	ANYAUTO				10/01/2022		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 (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	00,000
	DED X RETENTION \$ 0	1							\$	=1.0 L11
	WORKERS COMPENSATION							PER STATUTE X OTH-	EL - V	/A Stop Gap
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	e 1,00	00,000
В	OFFICER/MEMBER EXCLUDED?	N/A		9HA7MM000203300		10/01/2022	10/01/2023		Ψ	00,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	4.00	0,000
	DESCRIPTION OF OPERATIONS below		$\vdash$					E.L. DISEASE - POLICY LIMIT  Each Incident	Ψ	000,000
В	Professional Liability			9HA7MM000203300		10/01/2022	10/01/2023		1 ' '	000,000
В				9114/101000203300		10/01/2022	10/01/2023	Aggregate	\$5,0	000,000
		<u> </u>	<u> </u>						L	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	•	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)			
Loc	ation: 5548 Myrtle Ste. 202, Freeland, WA 9	8249								
Cer	tificate holder is included as Additional Insur	ed (L	andlor	d)-Lessor of Premises on Ger	neral Lia	ability as their in	terest may ap	pear in the above captioned		
prei	mises, as respects written agreement with th	e Na	med Ir	sured.						
CEI	RTIFICATE HOLDER				CANO	ELLATION				
					T					
								SCRIBED POLICIES BE CAN		D BEFORE
								F, NOTICE WILL BE DELIVER	RED IN	
	Windermere Real Estate/South	Whid	bey		ACC	ORDANCE WIT	I I I I POLIC	Y PROVISIONS.		
	5531 Freeland Avenue				AUTHO	RIZED REPRESEN	ITATIVE			
					I AUINU	NIZED NEPRESE!	MINE	_		

Freeland



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

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th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such							
PRO	DUCER				CONTAC NAME:	CT Christina	Oakley				
The	Partners Group Ltd				PHONE (A/C, No	(877) 45 D. Ext):	55-5640		FAX (A/C, No):	(425) 4	155-6727
1111	Lake Washington Blvd N.				E-MAIL ADDRES	coakley@	tpgrp.com	······			
Suit	e 400					-	SURER(S) AFFOR	RDING COVERAGE			NAIC #
Ren	ton			WA 98056	INSURE	The Ohio		urance Company			24074
INSU	RED				INSURE						
	American Behavioral Health Sys	stems	. Inc.		INSURE						
	PO Box 141106	,	,								
				1	INSURE						
	Spokane Valley			WA 99214	INSURE		•			-+	
		TIFIC			INSURE	RF:		DEL MOIONI NILINA	DED.		
	/ERAGES CERTIFY THAT THE POLICIES OF I			MOMBER.	LICCUET	TO THE INCLU		REVISION NUMB		<u> </u>	
	DICATED. NOTWITHSTANDING ANY REQUI										
CE	ERTIFICATE MAY BE ISSUED OR MAY PERTA	AIN, TH	HE INS	SURANCE AFFORDED BY THE	E POLICI	IES DESCRIBEI	D HEREIN IS S				
	CLUSIONS AND CONDITIONS OF SUCH PO		S. LIM		I REDUC						
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur		\$	
		'						MED EXP (Any one p		\$	
		[ '						PERSONAL & ADV IN		\$	****
	GEN'L AGGREGATE LIMIT APPLIES PER:	[ '						GENERAL AGGREGA	- +	\$	
	PRO-	'						PRODUCTS - COMP		\$	
		1						PRODUCTS - CONF		\$	
	OTHER: AUTOMOBILE LIABILITY	<b> </b>				<b></b>		COMBINED SINGLE		\$ 1,000	0.000
	X ANY AUTO	'						(Ea accident) BODILY INJURY (Per		\$ 1,000	
Α	OWNED SCHEDULED	<sub>Y</sub>		BAA60145476		10/01/2022	10/01/2023	· · · · · · · · · · · · · · · · · · ·	·	\$	
^	AUTOS ONLY AUTOS NON-OWNED	' '		DANOU 143470		10/01/2022	10/01/2020	BODILY INJURY (Per PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY	/ '						(Per accident)		\$	
		—'	$\sqcup$							\$	
	UMBRELLA LIAB OCCUR	1 '						EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE	1 '						AGGREGATE		\$	
	DED RETENTION \$	Ш'								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	'						PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	IT.	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"						E.L. DISEASE - EA EI	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	[ '						E.L. DISEASE - POLI	ICY LIMIT	\$	
								Comprehensive D		\$3,00	00
Α	Automobile Physical Damage	'		BAA60145476		10/01/2022	10/01/2023	Collision Ded		\$3,00	00
		'									
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	لـــــــ S (AC	ORD 1	01. Additional Remarks Schedule.	may be at	ttached if more sr	pace is required)	L	L		
	AMERBEH-01	·		·	•						
Corp	oorate Fleet Services, Inc is included as Add		ıl Insu	red & Loss Payee as their into	erest ma	ıy appear, as re	espects the bel	ow vehicles:			
	9 GMC Savana G3500, 1GJZ7NFG5K13390		40005								
	9 Chevrolet Express G3500 LT, 1GAZGPFP: 0 Chevrolet Express G3500, 1GAZGNFG5L										
2019	9 GMC Savana G3500, 1GJZ7NFG9K13384	412									
2020	Chevrolet Express G3500 , 1GAZGNFG2L	.1257	608								
CER	RTIFICATE HOLDER				CANC	ELLATION					
						=					
								SCRIBED POLICIE F, NOTICE WILL BE			) BEFORE
	Corporate Fleet Services, Inc							Y PROVISIONS.	. DELIVERE	וויו טב	
	16322 Woodard Avenue										
	10022 Woodaid Aveilue				AUTHOR	RIZED REPRESEN	TATIVE				

Highland Park

MI 48203

AGENCY	CUSTOMER	ID:	00046592
70LI101	COCIONEIL	10.	

.OC #:

Page



### **ADDITIONAL REMARKS SCHEDULE**

AGENCY
The Partners Group Ltd

POLICY NUMBER

CARRIER

NAIC CODE

NAMED INSURED

American Behavioral Health Systems, Inc.

EFFECTIVE DATE:

CARRIER				NAIC CODE	-
CARRIER				NAIC CODE	EFFECTIVE DATE:
ADDITIONAL REN	MARKS		<del></del>		
THIS ADDITIONAL		S FORM IS A SCI	HEDULE TO ACO	RD FORM.	•
FORM NUMBER:		FORM TITLE:	Certificate of Liabi	ility Insurance	
2022 Chevrolet Expr					
2022 Cheviolet Expi	ess G3500 ,	IGAZGNF/XN121			
					· ·
					· ·
					!



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. (877) 455-5640 PRODUCER NAME,
CONTACT PERSON AND ADDRESS (A/C, No, Ext): COMPANY NAME AND ADDRESS NAIC NO: 24074 The Partners Group Ltd The Ohio Casualty Insurance Company Christina Oakley 10851 North Black Canvon Hwy 1111 Lake Washington Blvd N. Suite 400 Suite 200 Renton WA 98056 Phoenix AZ 85029 (A/C, No): (425) 455-6727 coakley@tpgrp.com IF MULTIPLE COMPANIES. COMPLETE SEPARATE FORM FOR EACH 5004390 POLICY TYPE SUB CODE: 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 Spokane Valley WA 99214 10/01/2022 10/01/2023 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 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 PERILS INSURED BASIC BROAD **X** 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 DED: \$50,000 \$250,000 - Demolition Costs If YES, LIMIT: DED: \$50,000 \$250,000 - Incr. Cost of Construction If YES, LIMIT: DED: \$50,000 EARTH MOVEMENT (If Applicable) If YES, LIMIT: DED: FLOOD (If Applicable) If YES, LIMIT: DED: WIND / HAIL INCL ☐ YES ☐ NO Subject to Different Provisions: If YES, LIMIT: Included DED: \$50,000 Included DED: \$50,000 NAMED STORM INCL. ☐ YES ☐ NO Subject to Different Provisions If YES, LIMIT: 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 Evidence of Insurance AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID:	00046592					

### ADDITIONAL REMARKS SCHEDULE

ACORD	ADDITIONAL F	ADDITIONAL REMARKS SCHEDULE					
AGENCY			NAMED INSURED				
The Partners Group Ltd			American Behavioral Health Systems, Inc.				
POLICY NUMBER							
CARRIER	NA	IC CODE					
			EFFECTIVE DATE:				

POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:
ADDITIONAL DEMANICS	<u> </u>	LITEOTIFE DATE.
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR	RD FORM,	
FORM NUMBER: 28 FORM TITLE: Evidence of Comm	ercial Property I	nsurance: Notes
Evidence of Insurance		
		·



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

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CONTACT PERSON AND ADDRESS (A/C, No, Ext): (877) 455-5640 COMPANY NAME AND ADDRESS NAIC NO: 24074 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 FAX (A/C, No): (425) 455-6727 coakley@tpgrp.com IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH CODE: 5004390 POLICY TYPE SUB CODE: AGENCY CUSTOMER ID #: 00046592 BKO60145476 NAMED INSURED AND ADDRESS LOAN NUMBER POLICY NUMBER American Behavioral Health Systems, Inc. PROPERTY BOUND EFFECTIVE DATE EXPIRATION DATE PO Box 141106 CONTINUED UNTIL 10/01/2022 WA 99214 10/01/2023 TERMINATED IF CHECKED Spokane Valley THIS REPLACES PRIOR EVIDENCE DATED: ADDITIONAL NAMED INSURED(S) ☐ BUILDING OR ☑ BUSINESS PERSONAL PROPERTY PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) LOCATION / DESCRIPTION 214 S Eastern Rd Unit 3640dd & 3642dd Spokane Valley 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** PERILS INSURED BASIC BROAD **X** SPECIAL COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: 257.500 DED: \$50,000 NO N/A YES **™** BUSINESS INCOME ☐ RENTAL VALUE If YES, LIMIT: Actual Loss Sustained; # of months: **BLANKET COVERAGE** If YES, indicate value(s) reported on property identified above: \$ Attach Disclosure Notice / DEC TERRORISM COVERAGE IS THERE A TERRORISM-SPECIFIC EXCLUSION? IS DOMESTIC TERRORISM EXCLUDED? DED LIMITED FUNGUS COVERAGE If YES, LIMIT: FUNGUS EXCLUSION (If "YES", specify organization's form used) REPLACEMENT COST AGREED VALUE COINSURANCE If YES, If YES, LIMIT: Included DED: \$50,000 EQUIPMENT BREAKDOWN (If Applicable) DED: \$50,000 ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg If YES, LIMIT: Included - 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: If YES LIMIT DFD. FLOOD (If Applicable) WIND / HAIL INCL If YES, LIMIT: Included DED: \$50,000 YES NO Subject to Different Provisions: Included \$50,000 NAMED STORM INCL ☐ YES ☐ NO Subject to Different Provisions: If YES, LIMIT: DFD: 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 LENDER'S LOSS PAYABLE LOSS PAYEE CONTRACT OF SALE MORTGAGEE NAME AND ADDRESS Max Storage 214 Eastern Road AUTHORIZED REPRESENTATIVE Spokane Valley WA 99212

AGENCY CUSTOMER ID: 0

LOC#:

0046592			



# **ADDITIONAL REMARKS SCHEDULE**

Page NAMED INSURED The Partners Group Ltd American Behavioral Health Systems, Inc. POLICY NUMBER

CARRIER	NAIC CODE				
ADDITIONAL REMARKS		EFFECTIVE DATE:			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORI	D EODM				
FORM NUMBER: 28 FORM TITLE: Evidence of Comme	ercial Property I	nsurance: Notes			
RE: Units 3640DD \$3,000 Contents Limit & 3642DD \$3,000 Contents Limit					
	iit.				
Evidence of Insurance					
	<u></u>				



DATE (MM/DD/YYYY)

09/29/2022

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PRODUCER NAME, CONTACT PERSON AND ADDRESS PHONE (A/C, No, Ext): (877) 455-5640				COMPANY NAME AND ADDRESS 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 9	9805	6		Phoenix AZ 85029		
FAX (425) 455 6727 E-MAIL coaklov@tngrp.com				IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
(A/C, No): (423) 433-0727   ADDRESS: CORNEY@pgrp.com  CODE: 5004390   SUB CODE:				POLICY TYPE		
AGENCY 00040503				BKO60145476		
CUSTOMER ID #: 00046592  NAMED INSURED AND ADDRESS				LOAN NUMBER POLICY NUMBER		
American Behavioral Health Systems, Inc.				PROPERTY BOUND		
PO Box 141106				EFFECTIVE DATE EXPIRATION DATE		
	0004			CONTINUED UNTIL		
Spokane Valley WA 9	9921	4		10/01/2022 10/01/2023 TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:		
ADDITIONAL NAMED INSURED(S)				INIS REPLACES PRIOR EVIDENCE DATED:		
PROPERTY INFORMATION (ACORD 101 may be attached if n	nore	spa	ice i	s required) 🗵 BUILDING OR 🗌 BUSINESS PERSONAL PROPERTY		
LOCATION / DESCRIPTION 825 E 5th Street						
	۱۸/	ın os	2262			
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.						
COVERAGE INFORMATION PERILS INSURED	BA	SIC		BROAD X SPECIAL		
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	23,8	393,4	41	DED: \$50,000		
	YES	NO	N/A			
BUSINESS INCOME ☐ RENTAL VALUE	$\times$			If YES, LIMIT: \$9,435,000 Actual Loss Sustained; # of months:		
BLANKET COVERAGE	X			If YES, indicate value(s) reported on property identified above: \$ \$3,322,544		
TERRORISM COVERAGE	X	-		Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<del>  ^ `</del>	V				
IS DOMESTIC TERRORISM EXCLUDED?	$\vdash$	$\Rightarrow$				
LIMITED FUNGUS COVERAGE	×			If YES, LIMIT: DED:		
FUNGUS EXCLUSION (If "YES", specify organization's form used)		×		5E5.		
REPLACEMENT COST			×			
AGREED VALUE			-			
	$ \times $			KVEC 0/		
COINSURANCE		×		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT: Included DED: \$50,000		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X		ļ	If YES, LIMIT: Included DED: \$50,000		
- Demolition Costs	X			If YES, LIMIT: \$250,000 DED: \$50,000		
- Incr. Cost of Construction	×			If YES, LIMIT: \$250,000 DED: \$50,000		
EARTH MOVEMENT (If Applicable)		X		If YES, LIMIT: DED:		
FLOOD (If Applicable)	Ļ	X		If YES, LIMIT: DED:		
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:	×			If YES, LIMIT: Included DED: \$50,000		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE		×				
CANCELLATION	L	L	L			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANDELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS		LED	BE	FORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE		
	<del>-</del> -					
ADDITIONAL INTEREST	2.5			LENDER CERVICING ACENT NAME AND ADDRESS		
	S PAY	EE		LENDER SERVICING AGENT NAME AND ADDRESS		
MORTGAGEE Mtg &Lenders Loss Payable						
NAME AND ADDRESS						
Umpqua Bank ISAOA/ATIMA						
PO Box 2888				ALITHODIZED DEDDESCRITATIVE		
				AUTHORIZED REPRESENTATIVE		
Coppell TX 75	019					



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

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CONTACT PERSON AND ADDRESS (A/C, No, Ext): (877) 455-5640 COMPANY NAME AND ADDRESS 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 WA 98056 Phoenix Renton AZ 85029 (A/C, No): (425) 455-6727 coakley@tpgrp.com IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH CODE: 5004390 POLICY TYPE SUB CODE: AGENCY 00046592 CUSTOMER ID #: BKO60145476 LOAN NUMBER POLICY NUMBER NAMED INSURED AND ADDRESS PROPERTY BOUND American Behavioral Health Systems, Inc. PO Box 141106 EFFECTIVE DATE EXPIRATION DATE CONTINUED LINTIL Spokane Valley WA 99214 10/01/2022 10/01/2023 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. PERILS INSURED COVERAGE INFORMATION BASIC BROAD X SPECIAL COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: 23.893.441 DED: \$50,000 YES NO N/A If YES, LIMIT: \$9,435,000 ▼ BUSINESS INCOME ☐ RENTAL VALUE Actual Loss Sustained; # of months: If YES, indicate value(s) reported on property identified above: \$ BLANKET COVERAGE × TERRORISM COVERAGE Attach Disclosure Notice / DEC IS THERE A TERRORISM-SPECIFIC EXCLUSION? IS DOMESTIC TERRORISM EXCLUDED? × LIMITED FUNGUS COVERAGE If YES, LIMIT: DFD: 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 DED: \$50,000 - Demolition Costs 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: \$50,000 WIND / HAIL INCL ☐ YES ☐ NO Subject to Different Provisions: If YES, LIMIT: Included DED: 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 LENDER'S LOSS PAYABLE LOSS PAYEE LENDER SERVICING AGENT NAME AND ADDRESS CONTRACT OF SALE MORTGAGEE Mtg &Lenders Loss Payable NAME AND ADDRESS Umpqua Bank ISAOA/ATIMA PO Box 2888 AUTHORIZED REPRESENTATIVE Coppell TX 75019



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Coppell

TX 75019



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Spokane



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. (877) 455-5640 PRODUCER NAME,
CONTACT PERSON AND ADDRESS (A/C, No, Ext): COMPANY NAME AND ADDRESS 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 Phoenix AZ 85029 (A/C, No): (425) 455-6727 coakley@tpgrp.com IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH 5004390 POLICY TYPE CODE: SUB CODE: AGENCY 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 Spokane Valley WA 99214 10/01/2022 10/01/2023 TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED: ADDITIONAL NAMED INSURED(S) PROPERTY INFORMATION ☑ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY (ACORD 101 may be attached if more space is required) LOCATION / DESCRIPTION 500 SE Washington Ave 505 SE Adam Avenue WA 98532 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 PERILS INSURED BASIC 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? If YES, LIMIT: LIMITED FUNGUS COVERAGE 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 - Demolition Costs If YES, LIMIT: \$250,000 DED: \$50,000 If YES, LIMIT: \$250,000 DED: \$50,000 - Incr. Cost of Construction EARTH MOVEMENT (If Applicable) If YES, LIMIT: DED: FLOOD (If Applicable) If YES, LIMIT: DED: WIND / HAIL INCL ☐ YES ☐ NO Subject to Different Provisions: If YES, LIMIT: Included DED: \$50,000 If YES, LIMIT: Included \$50,000 NAMED STORM INCL. 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 LENDER'S LOSS PAYABLE LOSS PAYEE CONTRACT OF SALE MORTGAGEE NAME AND ADDRESS Cannon Financial Services, Inc. Insurance Center AUTHORIZED REPRESENTATIVE PO Box 3547

Bellevue

AGENCY CUSTOMER ID: 00046592

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### **ADDITIONAL REMARKS SCHEDULE**

E Page of

AGENCY		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 ACORI	D FORM,			
FORM NUMBER: 28 FORM TITLE: Evidence of Comme		nsurance: Notes		
Cannon Financial Services is added as Loss Payee regarding XM1145 Co	opier			



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

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# 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 6/26/2023 7:43:45 PM EST on OIG LEIE Exclusions database. Source data updated on 6/8/2023 8:00:00 AM EST Return to Search