

**CONTRACT AMENDMENT
G**

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 Cedar Grove Counseling 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-058-21 executed on January 25, 2021, and previously amended on January 10, 2022, September 12, 2022, January 19, 2023, August 4, 2023, November 20, 2023, and May 12, 2025, shall be amended as follows:

1. **Budget** Amount: increase by \$9,600 from \$256,515 to \$266,115
2. **Attachment C:** Deleted 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.

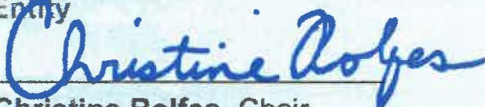
Cedar Grove Counseling


KC-058-21-G
UEI: LD6MNJ62JQD1


This amendment shall be effective July 1st, 2025

Dated this 1 day of Dec, 2025.

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


Christine Rolfes, Chair


Oran Root, Commissioner

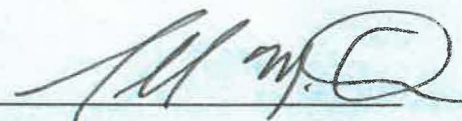

Katherine T. Walters, Commissioner

DATE 12/1/25

ATTEST

Dana Daniels, Clerk of the Board

CONTRACTOR:
Cedar Grove Counseling Inc


Name: Gill Orr
Title: Owner

I attest that I have the authority to sign
this contract on behalf of Cedar Grove
Counseling Inc

11/12/25
DATE



Kitsap County Face Sheet

For Sub-recipient Contracts Using Federal Awards

CFR 200.332 Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information provided below. A pass-through entity must provide the best available information when some of the information below is unavailable. A pass-through entity must provide unavailable information when it is obtained. Required information includes:

(Fill in)

Subrecipient's unique entity identifier:

Federal Award Identification Number (FAIN):

Federal Revenue Award Date:

Subaward Period of Performance Start and End Date:

Check to verify the information is in contract:

- ☐ Subrecipient's name (must match the name associated with its unique entity identifier):
- ☐ Federal award identification:
- ☐ Subaward Budget Period Start and End Date:
- ☐ Amount of Federal Funds Obligated in the subaward:
- ☐ Amount of Federal Funds Obligated to the sub by the pass-through entity, including the current financial obligation:
- ☐ Total Amount of the Federal Award committed to the subrecipient by the pass-through entity:
- ☐ Federal award project description, as required by the Federal Funding Accountability and Transparency Act (FFATA):
- ☐ Name of the Federal agency, pass-through entity, and contact information for awarding official of the pass-through entity:
- ☐ Dollar amount made available under each Federal award and the Assistance Listings Number at the time of disbursement:
- ☐ Indirect cost rate for the Federal award (including if the de minimis rate is used in accordance with § 200.414):

ATTACHMENT C: Budget

Budget Summary				
Contractor: Cedar Grove Counseling				
Contract No:		KC-058-21-G		
Contract Period:		01/01/21 - 12/31/25		
Expenditure	Fund source	Previous	Changes this Contract	Current
Period 1: 01/01/21 - 12/31/21				
CJTA		\$35,061.00	\$-	\$35,061.00
CJTA Jail Program		\$20,801.00	\$-	\$20,801.00
Period 1 Budget Total		\$55,862.00	\$-	\$55,862.00
Period 2: 01/01/22 - 12/31/22				
CJTA		\$39,061.00	\$-	\$39,061.00
CJTA for Prosocial Activities for Drug Court Participants		\$7,500.00	\$-	\$7,500.00
Period 2 Budget Total		\$46,561.00	\$-	\$46,561.00
Period 3: 01/01/23 - 12/31/23				
CJTA		\$32,418.00	\$-	\$32,418.00
CJTA for Prosocial Activities for Drug Court Participants		\$7,500.00	\$-	\$7,500.00
Transportation Support, cost reimbursement, in accordance with SUD Recovery Supports Requirements (SABG)		\$2,500.00	\$-	\$2,500.00
Period 3: Budget Total		\$42,418.00	\$-	\$42,418.00
Period 4: 01/01/24 - 12/31/24				
CJTA		\$32,684.00	\$-	\$32,684.00
CJTA for Prosocial Activities for Drug Court Participants		\$5,000.00	\$-	\$5,000.00
Transportation Support, cost reimbursement, (SABG)		\$1,000.00	\$-	\$1,000.00
Period 4: Budget Total		\$38,684.00	\$-	\$38,684.00
Period 5: 7/1/24-6/30/2025				
CJTA	GFS	\$-	\$1,200.00	\$1,200.00
SUD Outpatient (SABG)	GFS	\$-	\$12,000.00	\$12,000.00
Period 5: Budget Total		\$-	\$13,200.00	\$13,200.00
Period 6: 01/01/25 - 12/31/25				
CJTA	GFS	\$-	\$38,790.00	\$38,790.00
SUD Outpatient for Non-Medicaid	GFS	\$-	\$20,000.00	\$20,000.00
Transportation Support, cost reimbursement	SABG	\$-	\$1,000.00	\$1,000.00
Period 6: Budget Total		\$-	\$59,790.00	\$59,790.00
Period 7				
CJTA	GFS	\$-	\$3,000.00	\$3,000.00
Retention	GFS	\$-	\$6,600.00	\$6,600.00
Period 6: Budget Total			\$9,600.00	\$9,600.00
Contract Total		\$183,525.00	\$82,590.00	\$266,115.00



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Philadelphia Indemnity Insurance Company
A Stock Company (Nonparticipating)
COMMON POLICY DECLARATIONS

Policy Number: PHPK2677110-020

Named Insured and Mailing Address:

Cedar Grove Recovery Services, Inc
221 N Race St
Port Angeles, WA 98362-3513

Producer: 6161

Callis & Associates Inc.
802 E 1st St Ste 3
Port Angeles, WA 98362

Policy Period From: 05/23/2025 **To:** 05/23/2026

(360)452-2314

at 12:01 A.M. Standard Time at your mailing
address shown above.

Business Description: For Profit Social Service Corporation

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	2,323.00
Commercial General Liability Coverage Part	634.00
Commercial Crime Coverage Part	99.00
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	149.00
Businessowners	
Workers Compensation	
Professional Liability	2,685.00
Sexual/Physical Abuse	401.00
Stop Gap Liability	100.00
Cyber Security Liability End	89.00
Total	\$ 6,480.00
Total Includes Federal Terrorism Risk Insurance Act Coverage	30.00

CPD-PIIC-CW (02/21)

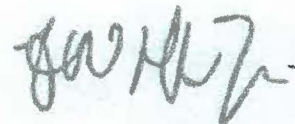
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations



Secretary



President and CEO

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK2677110-020

Agent # 6161

☒ See Supplemental Schedule

LIMITS OF INSURANCE

\$	3,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
\$	3,000,000	Products/Completed Operations Aggregate Limit
\$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit (Any One Premises)
\$	5,000	Medical Expense Limit (Any One Person)

FORM OF BUSINESS: CORPORATION

Business Description: For Profit Social Service Corporation

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED: This policy is not subject to premium audit.

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED						
TOTAL PREMIUM FOR THIS COVERAGE PART:					\$ 634.00	\$

RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE

FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

Countersignature Date

Authorized Representative

Philadelphia Indemnity Insurance Company

POLICY NUMBER: PHPK2677110-020

COMMERCIAL CRIME
CR DS 01 07 02

COMMERCIAL CRIME COVERAGE PART DECLARATIONS

The Commercial Crime Coverage Part consists of this Declarations Form and the Commercial Crime Coverage Form.

EMPLOYEE BENEFIT PLAN(S) INCLUDED AS INSURED(S):

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
1. Employee Theft		See Schedule
2. Forgery Or Alteration		Not Covered
3. Inside The Premises - Theft Of Money And Securities		Not Covered
4. Inside The Premises - Robbery Or Safe Burglary Of Other Property		Not Covered
5. Outside The Premises		Not Covered
6. Computer Fraud		Not Covered
7. Funds Transfer Fraud		Not Covered
8. Money Orders And Counterfeit Paper Currency		Not Covered

If Added by Endorsement, Insuring Agreement(s):

IF APPLICABLE, SEE SCHEDULE ATTACHED

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

ENDORSEMENTS FORMING PART OF THIS COVERAGE PART WHEN ISSUED:

SEE SCHEDULE ATTACHED

CANCELLATION OF PRIOR INSURANCE ISSUED BY US:

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos. PHPK2540354 ;
the cancellation to be effective at the time this Coverage Part becomes effective.

COUNTERSIGNED

(Date)

BY:

(Authorized Representative)

ITEM TWO

Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	Limit	Premium
Covered Autos Liability	08, 09	\$ 500,000 CSL	\$ 148.00
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible	\$
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident	\$
Auto Medical Payments		\$ Each Insured	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In The Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists		\$	\$
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 25 Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Collision Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto	\$
Terrorism	All	Per Coverage Endorsement	\$ 1.00
Premium For Endorsements			\$
Estimated Total Premium*			\$ 149.00
*This policy may be subject to final audit.			

ITEM THREE**Schedule Of Covered Autos You Own**

Covered Auto Number:						
Town And State Where The Covered Auto Will Be Principally Garaged: SEE SCHEDULE						
Covered Auto Description						
Year:		Model:			Trade Name:	
Body Type:				Serial Number(s):		
Vehicle Identification Number (VIN):						
Classification						
Original Cost New	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code
\$ SEE SCHEDULE						
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss: SEE SCHEDULE, IF APPLICABLE						

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)		
Coverages	Limit	Premium
Covered Autos Liability	\$ SEE SCHEDULE	\$
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus Deductible	\$
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)	Stated In The Property Protection Insurance Endorsement Minus Deductible	\$
Auto Medical Payments	\$ Each Insured	\$
Medical Expense And Income Loss Benefits (Virginia Only)	Stated In The Medical Expense And Income Loss Benefits Endorsement For Each Person	\$
Comprehensive	Stated In Item Two Minus Deductible	\$
Specified Causes Of Loss	Stated In Item Two Minus Deductible	\$
Collision	Stated In Item Two Minus Deductible	\$
Towing And Labor	\$ Per Disablement	\$

Total Premiums	SEE SCHEDULE
Covered Autos Liability	\$
Personal Injury Protection	\$
Added Personal Injury Protection	\$
Property Protection Insurance (Michigan Only)	\$
Auto Medical Payments	\$
Medical Expense And Income Loss Benefits (Virginia Only)	\$
Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$
Towing And Labor	\$

ITEM FOUR**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums**

Covered Autos Liability Coverage – Cost Of Hire Rating Basis For Autos Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)		
Covered Autos Liability Coverage	Estimated Annual Cost Of Hire For All States	Premium
Primary Coverage	\$ SEE SCHEDULE, IF APPLICABLE	\$
Excess Coverage	\$ SEE SCHEDULE, IF APPLICABLE	\$
Total Hired Auto Premium		\$
<p>For "autos" used in your motor carrier operations, cost of hire means:</p> <ol style="list-style-type: none">1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers) and, if not included therein,2. The total remunerations of all operators and drivers' helpers, of hired automobiles, whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and3. The total dollar amount of any other costs (e.g., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles, whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.		

Covered Autos Liability Coverage – Cost Of Hire Rating Basis For Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
Covered Autos Liability Coverage	State	Estimated Annual Cost Of Hire For Each State	Premium
Primary Coverage		\$ SEE SCHEDULE, IF APPLICABLE	\$
Excess Coverage		\$ SEE SCHEDULE, IF APPLICABLE	\$
Total Hired Auto Premium			\$
<p>For "autos" NOT used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.</p>			

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Cont'd)

Physical Damage Coverages – Cost Of Hire Rating Basis For All Autos (Other Than Mobile Or Farm Equipment)				
Coverage	State	Limit Of Insurance	Estimated Annual Cost Of Hire For Each State (Excluding Autos Hired With A Driver)	Premium
Comprehensive		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning	\$ SEE SCHEDULE, IF APPLICABLE	\$
Specified Causes Of Loss		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism	\$	\$
Collision		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto	\$	\$
Total Hired Auto Premium				\$
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.				

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Cont'd)

Cost Of Hire Rating Basis For Mobile Or Farm Equipment – Other Than Physical Damage Coverages					
Coverage	State	Estimated Annual Cost Of Hire For Each State		Premium	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability – Primary Coverage		\$ SEE SCHEDULE, IF APPLICABLE	\$	\$	\$
Covered Autos Liability – Excess Coverage		\$	\$	\$	\$
Personal Injury Protection		\$	\$	\$	\$
Medical Expense Benefits (Virginia Only)	VA	\$	\$	\$	\$
Income Loss Benefits (Virginia Only)	VA	\$	\$	\$	\$
Auto Medical Payments		\$	\$	\$	\$
Total Hired Auto Premiums				\$	\$
<p>Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.</p>					

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Cont'd)

Cost Of Hire Rating Basis For Mobile Or Farm Equipment – Physical Damage Coverages						
Coverage	State	Limit Of Insurance	Estimated Annual Cost Of Hire For Each State (Excluding Autos Hired With A Driver)		Premium	
			Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Compre- hensive		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Ded. For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning	\$ SEE SCHEDULE, IF APPLICABLE	\$	\$	\$
Specified Causes Of Loss		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Ded. For Each Covered Auto For Loss Caused By Mischief Or Vandalism	\$	\$	\$	\$
Collision		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Ded. For Each Covered Auto	\$	\$	\$	\$
Total Hired Auto Premiums					\$	\$

For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any auto that is leased, hired, rented or borrowed with a driver.

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Cont'd)

Rental Period Rating Basis For Mobile Or Farm Equipment					
Coverage	Town And State Where The Job Site Is Located	Estimated Number Of Days Equipment Will Be Rented		Premium	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability – Primary Coverage				\$	\$
Covered Autos Liability – Excess Coverage				\$	\$
Personal Injury Protection				\$	\$
Medical Expense Benefits (Virginia Only)				\$	\$
Income Loss Benefits (Virginia Only)				\$	\$
Auto Medical Payments				\$	\$
Total Hired Auto Premiums				\$	\$

ITEM FIVE

Schedule For Non-ownership Covered Autos Liability

Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees	12	\$ 103.00
	Number Of Partners (Active And Inactive)		\$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
	Number Of Partners (Active And Inactive)		\$
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers Who Regularly Use Autos To Transport Clients		\$
	Number Of Partners (Active And Inactive)		\$
Total Non-ownership Covered Autos Liability Premium			\$ 103.00

ITEM SIX

Schedule For Gross Receipts Or Mileage Basis

Address Of Business Headquarters Location:	
Type Of Risk (Check one):	<input type="checkbox"/> Public Autos <input type="checkbox"/> Leasing Or Rental Concerns
Rating Basis (Check one):	<input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile)
Estimated Yearly (Gross Receipts Or Mileage):	
Premiums	
Covered Autos Liability	\$
Personal Injury Protection	\$
Added Personal Injury Protection	\$
Property Protection Insurance (Michigan Only)	\$
Auto Medical Payments	\$
Medical Expense And Income Loss Benefits (Virginia Only)	\$
Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$
Towing And Labor	\$

ITEM SIX**Schedule For Gross Receipts Or Mileage Basis (Cont'd)**

Address Of Business Headquarters Location:	
Type Of Risk (Check one): <input type="checkbox"/> Public Autos <input type="checkbox"/> Leasing Or Rental Concerns	
Rating Basis (Check one): <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile)	
Estimated Yearly (Gross Receipts Or Mileage):	
Premiums	
Covered Autos Liability	\$
Personal Injury Protection	\$
Added Personal Injury Protection	\$
Property Protection Insurance (Michigan Only)	\$
Auto Medical Payments	\$
Medical Expense And Income Loss Benefits (Virginia Only)	\$
Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$
Towing And Labor	\$

Address Of Business Headquarters Location:	
Type Of Risk (Check one): <input type="checkbox"/> Public Autos <input type="checkbox"/> Leasing Or Rental Concerns	
Rating Basis (Check one): <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile)	
Estimated Yearly (Gross Receipts Or Mileage):	
Premiums	
Covered Autos Liability	\$
Personal Injury Protection	\$
Added Personal Injury Protection	\$
Property Protection Insurance (Michigan Only)	\$
Auto Medical Payments	\$
Medical Expense And Income Loss Benefits (Virginia Only)	\$
Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$
Towing And Labor	\$

ITEM SIX

Schedule For Gross Receipts Or Mileage Basis (Cont'd)

When used as a premium basis:

FOR PUBLIC AUTOS

Gross receipts means the total amount earned by the named insured for transporting passengers, mail and merchandise.

Gross receipts does not include:

1. Amounts paid to air, sea or land carriers operating under their own permits.
2. Advertising revenue.
3. Taxes collected as a separate item and paid directly to the government.
4. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing "autos" during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount earned by the named insured for the leasing or renting of "autos" to others without drivers.

Mileage means the total live and dead mileage of all "autos" you leased or rented to others without drivers.

Policy Number: PHPK2677110-020

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

<u>Coverage</u>	<u>State</u>	<u>Cost of Hire</u>	<u>Deductible</u>	<u>Rate</u>	<u>Premium</u>
Liability Coverage	WA	5,000		0.89800 \$	45
				Total Premium - \$	45

PI-HS-003D (07/04)

PHILADELPHIA INDEMNITY INSURANCE COMPANY
HUMAN SERVICES ORGANIZATION PROFESSIONAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NO.: PHPK2677110-020

Effective Date: 05/23/2025
12:01 A.M. Standard Time

LIMITS OF INSURANCE		
AGGREGATE LIMIT	\$	3,000,000
EACH PROFESSIONAL INCIDENT LIMIT	\$	1,000,000
BUSINESS DESCRIPTION		
Form of Business: CORPORATION		
Business Description: For Profit Social Service Corporation		
PREMIUM: \$ 2,685.00		
FORMS AND ENDORSEMENTS (Other than Applicable Forms and Endorsements Shown Elsewhere in the Policy)		
Forms and Endorsements Applying to this Coverage Part and Made Part of this Policy at Time of Issue:		
SEE SCHEDULE		
THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.		

**ABUSIVE CONDUCT LIABILITY COVERAGE FORM
POLICY DECLARATIONS**

PLEASE READ THIS POLICY CAREFULLY.

Policy Number: PHPK2677110-020Effective date: 05/23/2025

12:01 A.M. Standard Time

LIMITS OF INSURANCE:AGGREGATE LIMIT \$ 300,000EACH ABUSIVE CONDUCT LIMIT \$ 100,000DEDUCTIBLE: \$ NONE**BUSINESS DESCRIPTION:**

Form of Business: CORPORATION

Business Description: For Profit Social Service Corporation

PREMIUM: \$ 401.00**FORMS AND ENDORSEMENTS** (Other than Applicable Forms and Endorsements Shown Elsewhere in the Policy)

Forms and Endorsements Applying to this Coverage Part and Made Part of this Policy at Time of Issue:

SEE SCHEDULE ATTACHED

STOP GAP LIABILITY COVERAGE PART DECLARATIONS

POLICY NO. PHPK2677110-020

EFFECTIVE DATE: 05/23/2025
12:01 AM STANDARD TIME**LIMITS OF INSURANCE:**

Each Person	\$	1,000,000
Each Occurrence	\$	1,000,000
Bodily Injury by Disease Aggregate	\$	1,000,000

DESIGNATED STATES, TERRITORY OR POSSESSION:

Washington

CLASSIFICATION OF OPERATIONS	PREMIUM BASIS	RATES BODILY INJURY	ADVANCE PREMIUMS BODILY INJURY
STOP GAP LIABILITY	TOTAL PAYROLL \$ 50,000	PER \$100 OF TOTAL PAYROLL	\$ 100.00
MINIMUM PREMIUM \$			TOTAL ADVANCE PREMIUMS \$ 100.00
FORMS AND ENDORSEMENTS (OTHER THAN APPLICABLE FORMS AND ENDORSEMENTS SHOWN ELSEWHERE IN THE POLICY): <div style="text-align: center;">SEE SCHEDULE ATTACHED</div>			

THESE DECLARATIONS AND THE GENERAL PROVISIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.



U.S. Department of Health & Human Services

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