

## **CONTRACT AMENDMENT B**

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

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-062-21, and executed on January 11, 2021, and amended on January 24, 2022, shall be amended as follows:

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

January 1, 2021- December 31, 2023

2. **Attachment A: Special Terms and Conditions as follows:**

The following term is added to Section 2- Quality Improvement

g. Contractor shall report Critical Incidents involving individuals receiving SBHASO funded services in accordance with SBHASO Critical Incident Reporting Policy and Procedure.

3. **Attachment B-1: Statement of Work- Psychiatric Inpatient Treatment** is added.

4. **Attachment C: Budget/Rate Sheet Chehalis** is deleted entirely and replaced as attached.

5. **Attachment C-1: Budget/Rate Sheet- Spokane** is deleted entirely and replaced with **Attachment C-1: Budget/Rate Sheet- Wenatchee**.

6. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

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

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

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

This amendment shall be effective January 1, 2023.

Dated this 9<sup>th</sup> day of January, 2023.

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

Charlotte Garrido  
Charlotte Garrido, Chair

Robert Gelder  
Robert Gelder, Commissioner

Katherine T. Walters  
Katherine T. Walters, Commissioner

DATE 1/9/2023

ATTEST  
Dana Daniels  
Dana Daniels, Clerk of the Board

**CONTRACTOR:  
American Behavioral Health  
Systems, Inc.**

Tony Prentice  
Name: Tony Prentice  
Title: Chief Operating Officer

I attest that I have the authority to sign  
this contract on behalf of American  
Behavioral Health Systems, Inc.

12/19/2022  
DATE



## Attachment B-1

### Statement of Work: Inpatient Psychiatric Treatment

1. **Medicaid Eligibility.** Contractor shall make reasonable effort to verify an Individual's eligibility at time of service by following appropriate procedures, including without limitation, and at a minimum, the terms and conditions of this Contract, SBHASO Policies and Procedures and the SBHASO Supplemental Provider Guide. Contractor recognizes that the Individual's eligibility information may be inaccurate at the time.

Contractor obtains verification and that the Individual, or the Services provided to the Individual, may later be determined to be Medicaid eligible and, except as otherwise required by law, not eligible for payment under this Agreement. Under such circumstances, Contractor may then, except as otherwise stated herein, directly bill the other responsible party for such services.

2. **Provision of Psychiatric Inpatient Services.** Contractor hereby acknowledges and agrees to cooperate and comply with all of the terms and conditions of the Supplemental Provider Guide, SBHASO Policies and Procedures, and this Contract, and to dutifully perform as a Contractor for the provision of Psychiatric Inpatient Services to Individuals within the SBHASO network as designated by SBHASO. Contractor shall accept without regard to race, religion, gender, color, national origin, age or physical or mental health status, or on any other basis deemed unlawful under federal, state or local law. At all times, Contractor shall require any employed or subcontracted health care professionals and facilities to comply with the terms and conditions of this Contract, as well as the requirements of all applicable laws and regulations.
3. **Authorization Requirements.**
  - a. Contractor must request prior authorization for Voluntary Psychiatric Inpatient Services from SBHASO through the electronic format or by another approved and accepted method recognized by SBHASO. Authorization is required before providing any Voluntary Psychiatric Inpatient Services to an Individual. SBHASO shall subsequently confirm authorizations in writing. SBHASO will not accept any retroactive authorization requests for Voluntary Psychiatric Inpatient Services.
  - b. Contractor shall submit notification though electronic format within 24 hours of Individual's admission for Involuntary Psychiatric Inpatient Services.
  - c. Contractor shall submit subsequent requests for authorization for length-of-stay extensions at least one (1) business day prior to the expiration of the authorized period. Contractor shall submit authorization requests for length-of-stay extensions during regular business hours, Monday through Friday between 8:00am and 5:00pm.
  - d. Any authorization resulting from wrongful, fraudulent, or negligent actions of Contractor or a breach of this Contract shall be null and void as of the time given.

4. Standards of Care. Nothing in this Contract, SBHASO Supplemental Provider Guide, SBHASO Policies and Procedures, including without limitation, SBHASO's utilization management and quality assurance and improvement standards and procedures, shall dictate the Psychiatric Inpatient Services to be provided by Contractor or otherwise diminish Contractor's obligation to freely communicate with and/or provide Psychiatric Inpatient Services to Individuals in accordance with the applicable standard of care for such Provider or for maintaining hospital accreditation according to industry standards and requirements.
5. Continuity of Care. Contractor shall furnish Services in a manner providing continuity of care and ready referral of Individuals to other Providers at times as may be appropriate and consistent with the standards of care in the community if an Individual requires additional services or evaluation, including Crisis Services.
6. Care Coordination.
  - a. Upon authorization, each individual is assigned an SBHASO Care Manager. Contractor shall engage in communication with SBHASO for the purposes of care coordination and discharge planning upon an individual's admission.
  - b. Prior to discharging an Individual, Contractor shall coordinate post-discharge follow-up care with SBHASO and assure that the Individual has a follow-up plan.
  - c. Contractor shall provide SBHASO with discharge paperwork within 72 hours of discharge including any information related to referral and least restrictive orders
7. Payment for Services.
  - a. All payments obligated by SBHASO shall be paid to Contractor and Contractor will be solely responsible for payments to its employees and contractors who may have provided psychiatric inpatient services.
  - b. Contractor shall submit claims for Psychiatric Inpatient Services to SBHASO in a manner and format prescribed by SBHASO, whether in Protocols or otherwise, and which may be in an electronic format. Subject to delays caused by coordination of benefits, all information necessary to process the claims must be received by SBHASO no more than 90 days from the date of discharge and 90 days from the date all Psychiatric Inpatient services are rendered. Contractor agrees that claims received after this time period may be rejected for payment, at SBHASO's and/or Payor's sole discretion. SBHASO may request documentation from Contractor to support any claim submission delays which are reportedly due to coordination of benefits.
  - c. Unless otherwise directed by SBHASO, Facility Participating Provider

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

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

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

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

**Salish Behavioral Health Administrative Services Organization**

**Budget/Rate Sheet**

Contractor: American Behavioral Health Systems, Inc.

NPI #: 1609365238 (Chehalis)

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

Contractor Specific Rates:

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

Available Budget: Fee For Service

All rates are all-inclusive.

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

**Salish Behavioral Health Administrative Services Organization**

**Budget/Rate Sheet**

Contractor: American Behavioral Health Systems, Inc.

NPI #: 1437634888 (Wenatchee)

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

Contractor Specific Rates:

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

(2) Psychiatric Inpatient Treatment- E&T: \$1,050 per diem (GFS)

Available Budget: Fee For Service

All rates are all-inclusive.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2022

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

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

<b>PRODUCER</b> The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056		<b>CONTACT NAME:</b> Christina Oakley <b>PHONE (A/C, No, Ext):</b> (877) 455-5640 <b>E-MAIL ADDRESS:</b> coakley@tpgrp.com <b>FAX (A/C, No):</b> (425) 455-6727	
<b>INSURED</b> Specialty Services II LLC PO Box 141106 Spokane Valley WA 99214		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Bridgeway Insurance Company <b>INSURER B:</b> The Ohio Casualty Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 12489 24074	

**COVERAGES**

CERTIFICATE NUMBER: 22-23 SSII LLC

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		9HA7MM000203300	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAA60145476	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			9HATUM000201500	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	9HA7MM000203300	10/01/2022	10/01/2023	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER EL - WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			9HA7MM000203300	10/01/2022	10/01/2023	Each Incident \$1,000,000 Aggregate \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

King County, its officers, officials, employees and agents are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract. GL Additional Insured Primary and Non-Contributory provisions apply per attached form.

**CERTIFICATE HOLDER****CANCELLATION**

King County Behavioral Health and Recovery Division MS: CNK-CHS-0400 401 5th Ave, Suite 400 Seattle WA 98104	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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<b>PRODUCER</b> The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056	<b>CONTACT NAME:</b> Christina Oakley <b>PHONE (A/C, No, Ext):</b> (877) 455-5640 <b>E-MAIL ADDRESS:</b> coakley@tpgrp.com	<b>FAX (A/C, No):</b> (425) 455-6727
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214	<b>INSURER A :</b> The Ohio Casualty Insurance Company	
	<b>INSURER B :</b> Bridgeway Insurance Company	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 22-23 GL AL XS 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 HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			9HA7MM000203300	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
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B	Professional Liability			9HA7MM000203300	10/01/2022	10/01/2023	Each Incident \$1,000,000 Aggregate \$3,000,000

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**

Beacon Health Options 240 Corporate Blvd  Norfolk VA 23502	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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<b>PRODUCER</b> The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056	<b>CONTACT NAME:</b> Christina Oakley <b>PHONE (A/C, No, Ext):</b> (877) 455-5640 <b>E-MAIL ADDRESS:</b> coakley@tpgrp.com	<b>FAX (A/C, No):</b> (425) 455-6727	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214	<b>INSURER A:</b> The Ohio Casualty Insurance Company		24074
	<b>INSURER B:</b> Bridgeway Insurance Company		12489
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES** CERTIFICATE NUMBER: 22-23 GL AL XS PL REVISION NUMBER:

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B	Professional Liability			9HA7MM000203300	10/01/2022	10/01/2023	Each Incident \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

BHRD is included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract. GL Additional Insured Primary and Non-Contributory provisions apply per attached from.

**CERTIFICATE HOLDER****CANCELLATION**

BHRD 401 5th Ave, Suite 400 Seattle WA 98104	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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<b>INSURED</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> The Ohio Casualty Insurance Company <b>INSURER B:</b> Bridgeway Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 24074 12489

**COVERAGES** CERTIFICATE NUMBER: 22-23 GL AL XS 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 HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			9HA7MM000203300	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAA60145476	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			9HATUM000201500	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	9HA7MM000203300	10/01/2022	10/01/2023	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER EL - WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability			9HA7MM000203300	10/01/2022	10/01/2023	Each Incident \$1,000,000 Aggregate \$3,000,000

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

Evidence of Insurance * *	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2022

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

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

<b>PRODUCER</b> The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056		<b>CONTACT NAME:</b> Christina Oakley <b>PHONE (A/C, No, Ext):</b> (877) 455-5640 <b>E-MAIL ADDRESS:</b> coakley@tpgrp.com		<b>FAX (A/C, No):</b> (425) 455-6727	
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
		<b>INSURER A :</b> The Ohio Casualty Insurance Company		24074	
		<b>INSURER B :</b> Bridgeway Insurance Company		12489	
		<b>INSURER C :</b>			
		<b>INSURER D :</b>			
		<b>INSURER E :</b>			
		<b>INSURER F :</b>			

**COVERAGES**

CERTIFICATE NUMBER: 22-23 GL AL XS 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 HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	9HA7MM000203300	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAA60145476	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			9HATUM000201500	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	9HA7MM000203300	10/01/2022	10/01/2023	PER STATUTE <input checked="" type="checkbox"/> OTH-ER EL - WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability			9HA7MM000203300	10/01/2022	10/01/2023	Each Incident \$1,000,000 Aggregate \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Greater Columbia Behavioral Health Services, LLC BH-ASO is included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract, per attached form.

**CERTIFICATE HOLDER****CANCELLATION**

Greater Columbia Behavioral Health Services, LLC BH-ASO 101 N. Edison Street Kennewick WA 99336	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2022

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<b>PRODUCER</b> The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056		<b>CONTACT NAME:</b> Christina Oakley <b>PHONE (A/C, No, Ext):</b> (877) 455-5640 <b>E-MAIL ADDRESS:</b> coakley@tpgrp.com <b>FAX (A/C, No):</b> (425) 455-6727	
<b>INSURED</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> The Ohio Casualty Insurance Company <b>INSURER B:</b> Bridgeway Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 24074 12489	

**COVERAGES**

CERTIFICATE NUMBER: 22-23 GL AL XS 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 HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:		Y	9HA7MM000203300	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAA60145476	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			9HATUM000201500	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	9HA7MM000203300	10/01/2022	10/01/2023	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER EL - WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability			9HA7MM000203300	10/01/2022	10/01/2023	Each Incident \$1,000,000 Aggregate \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Greater Rivers Behavioral Health Organization, its agents, officers 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, per attached form.

**CERTIFICATE HOLDER****CANCELLATION**

Greater Rivers Behavioral Health Organization PO Box 1447 Cheehalis WA 98532	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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

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<b>PRODUCER</b> The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056	<b>CONTACT NAME:</b> Christina Oakley <b>PHONE (A/C, No, Ext):</b> (877) 455-5640 <b>E-MAIL ADDRESS:</b> coakley@tpgrp.com	<b>FAX (A/C, No):</b> (425) 455-6727	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214	<b>INSURER A:</b> The Ohio Casualty Insurance Company		24074
	<b>INSURER B:</b> Bridgeway Insurance Company		12489
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 22-23 GL AL XS 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 HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			9HA7MM000203300	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			BAA60145476	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			9HATUM000201500	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	9HA7MM000203300	10/01/2022	10/01/2023	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER EL - WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability			9HA7MM000203300	10/01/2022	10/01/2023	Each Incident \$1,000,000 Aggregate \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Location: 1504 E Springfield Ave., Suite 201, Spokane Valley, WA 99037

Pring Corporation is included as Additional Insured (Landlord)-Lessor of Premises on General Liability as their interest may appear in the above captioned premises, as respects written agreement with the Named Insured.

**CERTIFICATE HOLDER****CANCELLATION**

Pring Corporation 15404 E. Springfield Ave. Suite 200 Spokane Valley WA 99037	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2022

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<b>PRODUCER</b> The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056	<b>CONTACT NAME:</b> Christina Oakley <b>PHONE (A/C, No, Ext):</b> (877) 455-5640 <b>E-MAIL ADDRESS:</b> coakley@tpgrp.com	<b>FAX (A/C, No):</b> (425) 455-6727	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214	<b>INSURER A:</b> The Ohio Casualty Insurance Company		24074
	<b>INSURER B:</b> Bridgeway Insurance Company		12489
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 22-23 GL AL XS 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 HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	9HA7MM000203300	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAA60145476	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			9HATUM000201500	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	9HA7MM000203300	10/01/2022	10/01/2023	PER STATUTE <input checked="" type="checkbox"/> OTH-ER EL - WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability			9HA7MM000203300	10/01/2022	10/01/2023	Each Incident \$1,000,000 Aggregate \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Spokane County Community Services Housing and Community Development 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, per attached from.

<b>CERTIFICATE HOLDER</b>  Spokane County Community Services Housing and Comm. Dev. Dept. 312 W 8th Ave 4th Floor Spokane WA 99208	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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<b>PRODUCER</b> The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056	<b>CONTACT NAME:</b> Christina Oakley <b>PHONE (A/C, No, Ext):</b> (877) 455-5640 <b>E-MAIL ADDRESS:</b> coakley@tpgrp.com	<b>FAX (A/C, No):</b> (425) 455-6727	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214	<b>INSURER A:</b> The Ohio Casualty Insurance Company		24074
	<b>INSURER B:</b> Bridgeway Insurance Company		12489
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 22-23 GL AL XS PL                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			9HA7MM000203300	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAA60145476	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			9HATUM000201500	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	9HA7MM000203300	10/01/2022	10/01/2023	PER STATUTE <input checked="" type="checkbox"/> OTH-ER    EL - WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability			9HA7MM000203300	10/01/2022	10/01/2023	Each Incident \$1,000,000 Aggregate \$3,000,000

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

State of Washington Department of Licensing Master License Service P.O. Box 9034 Olympia WA 98507	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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

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<b>PRODUCER</b> The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056		<b>CONTACT NAME:</b> Christina Oakley <b>PHONE (A/C, No, Ext):</b> (877) 455-5640 <b>E-MAIL ADDRESS:</b> coakley@tpgrp.com <b>FAX (A/C, No):</b> (425) 455-6727	
<b>INSURED</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> The Ohio Casualty Insurance Company <b>INSURER B:</b> Bridgeway Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 24074 12489	

**COVERAGES**                      **CERTIFICATE NUMBER:** 22-23 GL AL XS PL                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	9HA7MM000203300	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			BAA60145476	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			9HATUM000201500	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	9HA7MM000203300	10/01/2022	10/01/2023	PER STATUTE <input checked="" type="checkbox"/> OTH-ER    EL - WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability			9HA7MM000203300	10/01/2022	10/01/2023	Each Incident \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

TMBH-ASO, THURSTON COUNTY, MASON COUNTY, their respective elected and appointed officers, officials, employees, agents, and WASHINGTON STATE 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, per the attached form.

**CERTIFICATE HOLDER****CANCELLATION**

TMBH-ASO 612 Woodland Square Loop SE Ste 401 Lacey WA 98503-1070	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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<b>PRODUCER</b> The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056	<b>CONTACT NAME:</b> Christina Oakley <b>PHONE (A/C, No, Ext):</b> (877) 455-5640 <b>E-MAIL ADDRESS:</b> coakley@tpgrp.com	<b>FAX (A/C, No):</b> (425) 455-6727	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214	<b>INSURER A:</b> The Ohio Casualty Insurance Company		24074
	<b>INSURER B:</b> Bridgeway Insurance Company		12489
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
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**COVERAGES**      **CERTIFICATE NUMBER:** 22-23 GL AL XS PL      **REVISION NUMBER:**

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INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			9HA7MM000203300	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAA60145476	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			9HA7MM000203300	10/01/2022	10/01/2023	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER EL - WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability			9HA7MM000203300	10/01/2022	10/01/2023	Each Incident \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance

### CERTIFICATE HOLDER

### CANCELLATION

Trademen International, LLC 5113 Pacific Highway East Suite 1 Fife WA 98424	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214	<b>INSURER A:</b> The Ohio Casualty Insurance Company		24074
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**COVERAGES**                      **CERTIFICATE NUMBER:** 22-23 GL AL XS PL                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	9HA7MM000203300	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAA60145476	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			9HATUM000201500	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N □	9HA7MM000203300	10/01/2022	10/01/2023	PER STATUTE <input checked="" type="checkbox"/> OTH-ER EL - WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability			9HA7MM000203300	10/01/2022	10/01/2023	Each Incident \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Loan #10824793 & 10527507 Locations: 44 E Cozza Drive, Spokane, WA 99209, 12715 E Mission Avenue, Spokane, WA 99216, 825 E 5th Street, Port Angeles, WA 98362 & 500 SE Washington Avenue, Chehalis, WA 98532  
 Umpqua Bank ISAOA/ATIMA is included as Additional Insured - Lender on General Liability as their interest may appear as respects the captioned locations.  
 LICRA Enterprises LLC is included as a Named Insured.

**CERTIFICATE HOLDER****CANCELLATION**

Umpqua Bank ISAOA/ATIMA PO Box 2888 Coppel TX 75019	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214	<b>INSURER A:</b> The Ohio Casualty Insurance Company		24074
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<b>INSURER F:</b>			

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B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	9HA7MM000203300	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAA60145476	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	9HA7MM000203300	10/01/2022	10/01/2023	PER STATUTE <input checked="" type="checkbox"/> OTH-ER EL - WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
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**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.

<b>CERTIFICATE HOLDER</b> Washington State Department of Corrections Contracts and Legal Affairs P.O. Box 41114 Olympia WA 98504-1114	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: 00046592

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY The Partners Group Ltd		NAMED INSURED American Behavioral Health Systems, Inc.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

2022 Chevrolet Express G3500 , 1GAZGNF7XN1211155



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

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

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

PRODUCER NAME, CONTACT PERSON AND ADDRESS The Partners Group Ltd Christina Oakley 1111 Lake Washington Blvd N. Renton Suite 400 WA 98056	PHONE (A/C, No, Ext): (877) 455-5640	COMPANY NAME AND ADDRESS The Ohio Casualty Insurance Company 10851 North Black Canyon Hwy Suite 200 Phoenix AZ 85029	NAIC NO: 24074
FAX (A/C, No): (425) 455-6727	E-MAIL ADDRESS: coakley@tpgrp.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: 5004390	SUB CODE:	POLICY TYPE BKO60145476	
AGENCY CUSTOMER ID #: 00046592	NAMED INSURED AND ADDRESS American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214	LOAN NUMBER	POLICY NUMBER PROPERTY BOUND
ADDITIONAL NAMED INSURED(S)	EFFECTIVE DATE 10/01/2022	EXPIRATION DATE 10/01/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED:	

**PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION 214 S Eastern Rd Spokane Valley Unit 3640dd & 3642dd 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.

<b>COVERAGE INFORMATION</b>	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 257,500				DED: \$50,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE	<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$ \$6,000
TERRORISM COVERAGE	<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>		
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>		
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>		
REPLACEMENT COST			<input checked="" type="checkbox"/>	
AGREED VALUE	<input checked="" type="checkbox"/>			
COINSURANCE		<input checked="" type="checkbox"/>		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED: \$50,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED: \$50,000
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT: \$250,000 DED: \$50,000
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT: \$250,000 DED: \$50,000
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED: \$50,000
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED: \$50,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>		

**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.

<input type="checkbox"/> CONTRACT OF SALE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS Evidence of Insurance *			AUTHORIZED REPRESENTATIVE 

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AGENCY CUSTOMER ID: 00046592

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY The Partners Group Ltd		NAMED INSURED American Behavioral Health Systems, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 28      **FORM TITLE:** Evidence of Commercial Property Insurance: Notes

Evidence of Insurance



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

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

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

<b>PRODUCER NAME, CONTACT PERSON AND ADDRESS</b> The Partners Group Ltd Christina Oakley 1111 Lake Washington Blvd N. Renton WA 98056		<b>PHONE (A/C, No, Ext):</b> (877) 455-5640	<b>COMPANY NAME AND ADDRESS</b> The Ohio Casualty Insurance Company 10851 North Black Canyon Hwy Suite 200 Phoenix AZ 85029		<b>NAIC NO:</b> 24074
<b>FAX (A/C, No):</b> (425) 455-6727	<b>E-MAIL ADDRESS:</b> coakley@tpgrp.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
<b>CODE:</b> 5004390	<b>SUB CODE:</b>		<b>POLICY TYPE</b> BKO60145476		
<b>AGENCY CUSTOMER ID #:</b> 00046592			<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> PROPERTY BOUND
<b>NAMED INSURED AND ADDRESS</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214			<b>EFFECTIVE DATE</b> 10/01/2022	<b>EXPIRATION DATE</b> 10/01/2023	<input type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED
<b>ADDITIONAL NAMED INSURED(S)</b>			<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>		

**PROPERTY INFORMATION** (ACORD 101 may be attached if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY

<b>LOCATION / DESCRIPTION</b> 214 S Eastern Rd Spokane Valley Unit 3640dd & 3642dd WA 99212
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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  SPECIAL

<b>COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:</b> \$ 257,500		<b>DED:</b> \$50,000	
	YES	NO	N/A
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>	If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE	<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: \$ \$6,000
TERRORISM COVERAGE	<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>	
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>	
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>	
REPLACEMENT COST			<input checked="" type="checkbox"/>
AGREED VALUE	<input checked="" type="checkbox"/>		
COINSURANCE		<input checked="" type="checkbox"/>	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT: Included DED: \$50,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>		If YES, LIMIT: Included DED: \$50,000
- Demolition Costs	<input checked="" type="checkbox"/>		If YES, LIMIT: \$250,000 DED: \$50,000
- Incr. Cost of Construction	<input checked="" type="checkbox"/>		If YES, LIMIT: \$250,000 DED: \$50,000
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>		If YES, LIMIT: Included DED: \$50,000
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>		If YES, LIMIT: Included DED: \$50,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>	

**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.

<b>ADDITIONAL INTEREST</b> <input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	<b>LENDER SERVICING AGENT NAME AND ADDRESS</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
<b>NAME AND ADDRESS</b> Max Storage 214 Eastern Road Spokane Valley WA 99212		

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AGENCY CUSTOMER ID: 00046592

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY The Partners Group Ltd		NAMED INSURED American Behavioral Health Systems, Inc.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 28      **FORM TITLE:** Evidence of Commercial Property Insurance: Notes

RE: Units 3640DD \$3,000 Contents Limit & 3642DD \$3,000 Contents Limit

Evidence of Insurance



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

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

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

PRODUCER NAME, CONTACT PERSON AND ADDRESS The Partners Group Ltd Christina Oakley 1111 Lake Washington Blvd N. Renton WA 98056		PHONE (A/C, No, Ext): (877) 455-5640	COMPANY NAME AND ADDRESS The Ohio Casualty Insurance Company 10851 North Black Canyon Hwy Suite 200 Phoenix AZ 85029		NAIC NO: 24074
FAX (A/C, No): (425) 455-6727	E-MAIL ADDRESS: coakley@tpgrp.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: 5004390	SUB CODE:		POLICY TYPE BKO60145476		
AGENCY CUSTOMER ID #: 00046592			LOAN NUMBER		POLICY NUMBER PROPERTY BOUND
NAMED INSURED AND ADDRESS American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214			EFFECTIVE DATE 10/01/2022	EXPIRATION DATE 10/01/2023	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>
ADDITIONAL NAMED INSURED(S)			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION 825 E 5th Street Port Angeles WA 98362
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 23,893,441		DED: \$50,000			
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	If YES, LIMIT: \$9,435,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$ 3,322,544
TERRORISM COVERAGE		<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			<input checked="" type="checkbox"/>		
IS DOMESTIC TERRORISM EXCLUDED?			<input checked="" type="checkbox"/>		
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			<input checked="" type="checkbox"/>		
REPLACEMENT COST				<input checked="" type="checkbox"/>	
AGREED VALUE		<input checked="" type="checkbox"/>			
COINSURANCE			<input checked="" type="checkbox"/>		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED: \$50,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED: \$50,000
- Demolition Costs		<input checked="" type="checkbox"/>			If YES, LIMIT: \$250,000 DED: \$50,000
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			If YES, LIMIT: \$250,000 DED: \$50,000
EARTH MOVEMENT (If Applicable)			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FLOOD (If Applicable)			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED: \$50,000
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED: \$50,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			<input checked="" type="checkbox"/>		

### 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

<input type="checkbox"/> CONTRACT OF SALE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> Mtg & Lenders Loss Payable		
NAME AND ADDRESS Umpqua Bank ISAOA/ATIMA PO Box 2888 Coppell TX 75019			AUTHORIZED REPRESENTATIVE 

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# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

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

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

PRODUCER NAME, CONTACT PERSON AND ADDRESS The Partners Group Ltd Christina Oakley 1111 Lake Washington Blvd N. Renton Suite 400 WA 98056	PHONE (A/C, No, Ext): (877) 455-5640	COMPANY NAME AND ADDRESS The Ohio Casualty Insurance Company 10851 North Black Canyon Hwy Suite 200 Phoenix AZ 85029	NAIC NO: 24074
FAX (A/C, No): (425) 455-6727	E-MAIL ADDRESS: coakley@tpgrp.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: 5004390	SUB CODE:	POLICY TYPE BKO60145476	
AGENCY CUSTOMER ID #: 00046592	NAMED INSURED AND ADDRESS American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214	LOAN NUMBER	POLICY NUMBER PROPERTY BOUND
ADDITIONAL NAMED INSURED(S)	EFFECTIVE DATE 10/01/2022	EXPIRATION DATE 10/01/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED:	

**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.

<b>COVERAGE INFORMATION</b>	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 23,893,441				DED: \$50,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	If YES, LIMIT: \$9,435,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE	<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$ \$6,065,301
TERRORISM COVERAGE	<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			<input checked="" type="checkbox"/>	
IS DOMESTIC TERRORISM EXCLUDED?			<input checked="" type="checkbox"/>	
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			<input checked="" type="checkbox"/>	
REPLACEMENT COST			<input checked="" type="checkbox"/>	
AGREED VALUE	<input checked="" type="checkbox"/>			
COINSURANCE		<input checked="" type="checkbox"/>		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED: \$50,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED: \$50,000
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT: \$250,000 DED: \$50,000
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT: \$250,000 DED: \$50,000
EARTH MOVEMENT (If Applicable)			<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
FLOOD (If Applicable)			<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED: \$50,000
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED: \$50,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			<input checked="" type="checkbox"/>	

**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.

CONTRACT OF SALE	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE	<input checked="" type="checkbox"/> Mtg & Lenders Loss Payable	
NAME AND ADDRESS Umpqua Bank ISAOA/ATIMA PO Box 2888 Coppell TX 75019		AUTHORIZED REPRESENTATIVE 

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# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

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

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

PRODUCER NAME, CONTACT PERSON AND ADDRESS The Partners Group Ltd Christina Oakley 1111 Lake Washington Blvd N. Renton WA 98056		PHONE (A/C, No, Ext): (877) 455-5640	COMPANY NAME AND ADDRESS The Ohio Casualty Insurance Company 10851 North Black Canyon Hwy Suite 200 Phoenix AZ 85029		NAIC NO: 24074
FAX (A/C, No): (425) 455-6727	E-MAIL ADDRESS: coakley@tpgrp.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: 5004390	SUB CODE:		POLICY TYPE BKO60145476		
AGENCY CUSTOMER ID #: 00046592		LOAN NUMBER		POLICY NUMBER PROPERTY BOUND	
NAMED INSURED AND ADDRESS American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214		EFFECTIVE DATE 10/01/2022	EXPIRATION DATE 10/01/2023	CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:			

**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.

**COVERAGE INFORMATION** PERILS INSURED BASIC BROAD  SPECIAL

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 23,893,441	DED: \$50,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A If YES, LIMIT: \$9,435,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE	YES NO N/A If YES, indicate value(s) reported on property identified above: \$ 6,065,301
TERRORISM COVERAGE	YES NO N/A Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	YES NO N/A
IS DOMESTIC TERRORISM EXCLUDED?	YES NO N/A
LIMITED FUNGUS COVERAGE	YES NO N/A If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	YES NO N/A
REPLACEMENT COST	YES NO N/A
AGREED VALUE	YES NO N/A
COINSURANCE	YES NO N/A If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	YES NO N/A If YES, LIMIT: Included DED: \$50,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	YES NO N/A If YES, LIMIT: Included DED: \$50,000
- Demolition Costs	YES NO N/A If YES, LIMIT: \$250,000 DED: \$50,000
- Incr. Cost of Construction	YES NO N/A If YES, LIMIT: \$250,000 DED: \$50,000
EARTH MOVEMENT (If Applicable)	YES NO N/A If YES, LIMIT: DED:
FLOOD (If Applicable)	YES NO N/A If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	YES NO N/A If YES, LIMIT: Included DED: \$50,000
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	YES NO N/A If YES, LIMIT: Included DED: \$50,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	YES NO N/A

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**ADDITIONAL INTEREST**

CONTRACT OF SALE	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE <input checked="" type="checkbox"/>	Mortgagee & Loss Payee	
NAME AND ADDRESS US Small Business Administration and NW Business Development Association ISAOA 9019 E Appleway Blvd. Ste. 200 Spokane WA 99212		AUTHORIZED REPRESENTATIVE 

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# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

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

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

PRODUCER NAME, CONTACT PERSON AND ADDRESS The Partners Group Ltd Christina Oakley 1111 Lake Washington Blvd N. Renton WA 98056		PHONE (A/C, No, Ext): (877) 455-5640	COMPANY NAME AND ADDRESS The Ohio Casualty Insurance Company 10851 North Black Canyon Hwy Suite 200 Phoenix AZ 85029		NAIC NO: 24074
FAX (A/C, No): (425) 455-6727	E-MAIL ADDRESS: coakley@tpgrp.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: 5004390	SUB CODE:		POLICY TYPE BKO60145476		
AGENCY CUSTOMER ID #: 00046592			LOAN NUMBER		POLICY NUMBER
NAMED INSURED AND ADDRESS American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214			PROPERTY BOUND		
ADDITIONAL NAMED INSURED(S)			EFFECTIVE DATE 10/01/2022	EXPIRATION DATE 10/01/2023	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>
			THIS REPLACES PRIOR EVIDENCE DATED:		

**PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION 12715 E Mission Ave Spokane Valley WA 99216
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  SPECIAL

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 23,893,441	DED: \$50,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: \$9,435,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, indicate value(s) reported on property identified above: \$ 10,856,000
TERRORISM COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
IS DOMESTIC TERRORISM EXCLUDED?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
REPLACEMENT COST	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
AGREED VALUE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COINSURANCE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: Included DED: \$50,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: Included DED: \$50,000
- Demolition Costs	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: \$250,000 DED: \$50,000
- Incr. Cost of Construction	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: \$250,000 DED: \$50,000
EARTH MOVEMENT (If Applicable)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: DED:
FLOOD (If Applicable)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: Included DED: \$50,000
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: Included DED: \$50,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**ADDITIONAL INTEREST**

CONTRACT OF SALE	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE	<input checked="" type="checkbox"/> Mtg & Lenders Loss Payable	
NAME AND ADDRESS Umpqua Bank ISAO/ATIMA PO Box 2888 Coppell TX 75019		AUTHORIZED REPRESENTATIVE 

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# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

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

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

<b>PRODUCER NAME, CONTACT PERSON AND ADDRESS</b> The Partners Group Ltd Christina Oakley 1111 Lake Washington Blvd N. Renton WA 98056		<b>PHONE (A/C, No, Ext):</b> (877) 455-5640	<b>COMPANY NAME AND ADDRESS</b> The Ohio Casualty Insurance Company 10851 North Black Canyon Hwy Suite 200 Phoenix AZ 85029		<b>NAIC NO:</b> 24074
<b>FAX (A/C, No):</b> (425) 455-6727		<b>E-MAIL ADDRESS:</b> coakley@tpgrp.com		<b>IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH</b>	
<b>CODE:</b> 5004390		<b>SUB CODE:</b>		<b>POLICY TYPE</b> BKO60145476	
<b>AGENCY CUSTOMER ID #:</b> 00046592		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> PROPERTY BOUND	
<b>NAMED INSURED AND ADDRESS</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214		<b>EFFECTIVE DATE</b> 10/01/2022		<b>EXPIRATION DATE</b> 10/01/2023	
<b>ADDITIONAL NAMED INSURED(S)</b>		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED		<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>	

**PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY**

<b>LOCATION / DESCRIPTION</b> 12715 E Mission Ave Spokane Valley WA 99216
---

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  SPECIAL

<b>COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:</b> \$ 23,893,441	<b>DED:</b> \$50,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
BLANKET COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: \$9,435,000 Actual Loss Sustained; # of months:
TERRORISM COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, indicate value(s) reported on property identified above: \$ 10,856,000
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Attach Disclosure Notice / DEC
IS DOMESTIC TERRORISM EXCLUDED?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
REPLACEMENT COST	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
AGREED VALUE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COINSURANCE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: Included DED: \$50,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: Included DED: \$50,000
- Demolition Costs	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: \$250,000 DED: \$50,000
- Incr. Cost of Construction	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: \$250,000 DED: \$50,000
EARTH MOVEMENT (If Applicable)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> If YES, LIMIT: DED:
FLOOD (If Applicable)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: Included DED: \$50,000
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: Included DED: \$50,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

**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**

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> Mortgagee & Loss Payee	<input type="checkbox"/> LOSS PAYEE	<b>LENDER SERVICING AGENT NAME AND ADDRESS</b>
<b>NAME AND ADDRESS</b> US Small Business Administration and NW Business Development Association ISAOA 9019 E Appleway Blvd. Ste. 200 Spokane WA 99212			<b>AUTHORIZED REPRESENTATIVE</b> 

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# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

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

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PRODUCER NAME, CONTACT PERSON AND ADDRESS The Partners Group Ltd Christina Oakley 1111 Lake Washington Blvd N. Renton WA 98056		PHONE (A/C, No, Ext): (877) 455-5640	COMPANY NAME AND ADDRESS The Ohio Casualty Insurance Company 10851 North Black Canyon Hwy Suite 200 Phoenix AZ 85029	NAIC NO: 24074
FAX (A/C, No): (425) 455-6727	E-MAIL ADDRESS: coakley@tpgrp.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: 5004390	SUB CODE:		POLICY TYPE BKO60145476	
AGENCY CUSTOMER ID #: 00046592		LOAN NUMBER		POLICY NUMBER PROPERTY BOUND
NAMED INSURED AND ADDRESS American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214		EFFECTIVE DATE 10/01/2022	EXPIRATION DATE 10/01/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

**PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION 500 SE Washington Ave Chehalis	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.	

**COVERAGE INFORMATION** PERILS INSURED BASIC BROAD  SPECIAL

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$ 23,893,441	DED: \$50,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A	If YES, LIMIT: \$9,435,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE	<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$ 12,042,796
TERRORISM COVERAGE	<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input type="checkbox"/>	
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>	
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>	
REPLACEMENT COST	<input type="checkbox"/>	
AGREED VALUE	<input checked="" type="checkbox"/>	
COINSURANCE	<input checked="" type="checkbox"/>	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: Included DED: \$50,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>	If YES, LIMIT: Included DED: \$50,000
- Demolition Costs	<input checked="" type="checkbox"/>	If YES, LIMIT: \$250,000 DED: \$50,000
- Incr. Cost of Construction	<input checked="" type="checkbox"/>	If YES, LIMIT: \$250,000 DED: \$50,000
EARTH MOVEMENT (If Applicable)	<input type="checkbox"/>	If YES, LIMIT: DED:
FLOOD (If Applicable)	<input type="checkbox"/>	If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>	If YES, LIMIT: Included DED: \$50,000
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>	If YES, LIMIT: Included DED: \$50,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>	

**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**

<input type="checkbox"/> CONTRACT OF SALE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> MORTGAGE			
NAME AND ADDRESS Cannon Financial Services, Inc Insurance Center PO Box 3547 Bellevue WA 98009			AUTHORIZED REPRESENTATIVE 

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AGENCY CUSTOMER ID: 00046592

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY The Partners Group Ltd		NAMED INSURED American Behavioral Health Systems, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 28      **FORM TITLE:** Evidence of Commercial Property Insurance: Notes

Cannon Financial Services is added as Loss Payee regarding XM1145 Copier



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

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

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PRODUCER NAME, CONTACT PERSON AND ADDRESS The Partners Group Ltd Christina Oakley 1111 Lake Washington Blvd N. Renton WA 98056		PHONE (A/C, No., Ext): (877) 455-5640	COMPANY NAME AND ADDRESS The Ohio Casualty Insurance Company 10851 North Black Canyon Hwy Suite 200 Phoenix AZ 85029		NAIC NO: 24074
FAX (A/C, No.): (425) 455-6727	E-MAIL ADDRESS: coakley@tpgrp.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: 5004390	SUB CODE:		POLICY TYPE BKO60145476		
AGENCY CUSTOMER ID #: 00046592		LOAN NUMBER		POLICY NUMBER PROPERTY BOUND	
NAMED INSURED AND ADDRESS American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214		EFFECTIVE DATE 10/01/2022	EXPIRATION DATE 10/01/2023	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:			

**PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION 500 SE Washington Ave Chehalis	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.

<b>COVERAGE INFORMATION</b>		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 23,893,441		DED: \$50,000			
	YES	NO	N/A		
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT: \$9,435,000	Actual Loss Sustained; # of months:
BLANKET COVERAGE	<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$ 12,042,796	
TERRORISM COVERAGE	<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST			<input checked="" type="checkbox"/>		
AGREED VALUE	<input checked="" type="checkbox"/>				
COINSURANCE		<input checked="" type="checkbox"/>		If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: Included	DED: \$50,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: Included	DED: \$50,000
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT: \$250,000	DED: \$50,000
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT: \$250,000	DED: \$50,000
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: Included	DED: \$50,000
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: Included	DED: \$50,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			<input checked="" type="checkbox"/>		

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**ADDITIONAL INTEREST**

CONTRACT OF SALE	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE <input checked="" type="checkbox"/>	Mtg & Lenders Loss Payable	
NAME AND ADDRESS Umpqua Bank ISAOA/ATIMA PO Box 2888 Coppell TX 75019		AUTHORIZED REPRESENTATIVE 

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# Exclusions Search Results: Entities

No Results were found for

- American Behavioral Health Systems, Inc

 **If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation**

[Search Again](#)

Search conducted 12/5/2022 7:52:44 PM EST on OIG LEIE Exclusions database.

Source data updated on 11/10/2022 9:00:00 AM EST

[Return to Search](#)