

CONTRACT AMENDMENT

C

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

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-062-21, and executed on January 11, 2021, and amended on January 24, 2022 and January 9, 2023, shall be amended as follows:

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

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

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

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

This amendment shall be effective July 1, 2023.

Dated this ____ day of _____, 2023.

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

Doug Washburn
for Doug Washburn.
Doug Washburn, Director

**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.

DATE 7/14/23

07/14/2023
DATE

ATTACHMENT C: BUDGET/RATE SHEET- Chehalis

Salish Behavioral Health Administrative Services Organization

Budget/Rate Sheet

Contractor: American Behavioral Health Systems, Inc.

NPI #: 1609365238 (Chehalis)

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

Contractor Specific Rates:

(1) Secure Withdrawal Management and Stabilization: \$920 per diem (GFS)

Available Budget: Fee For Service

All rates are all-inclusive.

ATTACHMENT C-1: BUDGET/RATE SHEET- Wenatchee

Salish Behavioral Health Administrative Services Organization

Budget/Rate Sheet

Contractor: American Behavioral Health Systems, Inc.

NPI #: 1437634888 (Wenatchee)

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

Contractor Specific Rates:

(1) Secure Withdrawal Management and Stabilization: \$920 per diem (GFS)

(2) Psychiatric Inpatient Treatment- E&T: \$1,208 per diem (GFS)

Available Budget: Fee For Service

All rates are all-inclusive.



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.

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

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

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A	AUTOMOBILE LIABILITY <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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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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		INSURER(S) AFFORDING COVERAGE	
		INSURER A : The Ohio Casualty Insurance Company	NAIC # 24074
		INSURER B : Bridgeway Insurance Company	12489
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	
INSURED American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214			

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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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	INSURER(S) AFFORDING COVERAGE	
INSURED American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214	INSURER A : The Ohio Casualty Insurance Company	
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CANCELLATION

Great Rivers BHO 57 West Main Street Suite 260 Chehalis 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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A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)

Re: 7208 26th St NW, Ste A-100, Stanwood, WA 98292

JL Professional Center, LLC is included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract, per attached form.

CERTIFICATE HOLDER**CANCELLATION**

JL Professional Center, LLC MK Property Services LLC PO Box 997 Snoqualmie WA 98065	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).

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

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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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 type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			9HATUM000201500	10/01/2022	10/01/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	<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

Molina Healthcare Attn: Jessica Willard 19120 SE 34th St., 2nd Floor Vancouver WA 98683	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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PRODUCER The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056	CONTACT NAME: Christina Oakley PHONE (A/C, No, Ext): (877) 455-5640 E-MAIL ADDRESS: coakley@tpgrp.com	FAX (A/C, No): (425) 455-6727
	INSURER(S) AFFORDING COVERAGE	
INSURED American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214	INSURER A: The Ohio Casualty Insurance Company NAIC #: 24074	
	INSURER B: Bridgeway Insurance Company NAIC #: 12489	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 22-23 GLAL 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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	<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)

Salish Behavioral Health Organization 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.

CERTIFICATE HOLDER

CANCELLATION

Salish Behavioral Health Organization 614 Division Street Port Orchard WA 98366	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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PRODUCER The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056	CONTACT NAME: Christina Oakley PHONE (A/C, No, Ext): (877) 455-5640 E-MAIL ADDRESS: coakley@tpgrp.com	FAX (A/C, No): (425) 455-6727	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214	INSURER A: The Ohio Casualty Insurance Company		24074
	INSURER B: Bridgeway Insurance Company		12489
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)

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.

CERTIFICATE HOLDER Spokane County Community Services Housing and Comm. Dev. Dept. 312 W 8th Ave 4th Floor Spokane WA 99208	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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

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

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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)

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

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

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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	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)

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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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).

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

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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)

Washington State Apple Blossom Festival Association and the City of Wenatchee are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract.

CERTIFICATE HOLDER Washington State Apple Blossom Festival Association City of Wenatchee PO Box 2836 Wenatchee WA 98807	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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CERTIFICATE OF LIABILITY INSURANCE

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

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

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

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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)

Washington State Department of Commerce 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.

CERTIFICATE HOLDER

CANCELLATION

Washington State Department of Commerce PO Box 4525 1011 Plum Street SE Olympia WA 98504-2525	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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PRODUCER The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056	CONTACT NAME: Christina Oakley PHONE (A/C, No, Ext): (877) 455-5640 FAX (A/C, No): (425) 455-6727 E-MAIL ADDRESS: coakley@tpgrp.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>The Ohio Casualty Insurance Company</td> <td>24074</td> </tr> <tr> <td>INSURER B:</td> <td>Bridgeway Insurance Company</td> <td>12489</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	The Ohio Casualty Insurance Company	24074	INSURER B:	Bridgeway Insurance Company	12489	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214																					

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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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 type="checkbox"/> EXCESS LIAB <input checked="" 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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	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: 5548 Myrtle Ste. 202, Freeland, WA 98249

Certificate holder 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

Windermere Real Estate/South Whidbey 5531 Freeland Avenue Freeland WA 98249	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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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).

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

COVERAGES **CERTIFICATE NUMBER:** 22-23 AL **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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		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) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Automobile Physical Damage			BAA60145476	10/01/2022	10/01/2023	Comprehensive Ded \$3,000 Collision Ded \$3,000	

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

RE: AMERBEH-01
 Corporate Fleet Services, Inc is included as Additional Insured & Loss Payee as their interest may appear, as respects the below vehicles:
 2019 GMC Savana G3500, 1GJZ7NFG5K1339069
 2019 Chevrolet Express G3500 LT, 1GAZGPPF9K1216905
 2020 Chevrolet Express G3500, 1GAZGNFG5L1257652
 2019 GMC Savana G3500, 1GJZ7NFG9K1338412
 2020 Chevrolet Express G3500, 1GAZGNFG2L1257608

CERTIFICATE HOLDER Corporate Fleet Services, Inc 16322 Woodard Avenue Highland Park MI 48203	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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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: 25 **FORM TITLE:** Certificate of Liability Insurance

2022 Chevrolet Express G3500 , 1GAZGNF7XN1211155

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.

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		LOAN NUMBER	POLICY NUMBER
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
ADDITIONAL NAMED INSURED(S)		PROPERTY BOUND <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.

COVERAGE INFORMATION PERILS INSURED BASIC BROAD SPECIAL

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

CANCELLATION

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

ADDITIONAL INTEREST

<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 Max Storage 214 Eastern Road Spokane Valley WA 99212			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

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 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 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 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
BLANKET COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TERRORISM COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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"/>
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"/>
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Demolition Costs	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Incr. Cost of Construction	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EARTH MOVEMENT (If Applicable)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
FLOOD (If Applicable)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
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"/>
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"/>
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input type="checkbox"/> <input checked="" type="checkbox"/> <input 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

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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 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
	YES NO N/A
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<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: \$ 6,065,301
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 type="checkbox"/> <input checked="" type="checkbox"/>
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 type="checkbox"/> <input checked="" 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"/> 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

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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 CODE: 5004390	E-MAIL ADDRESS: coakley@tpgrp.com SUB CODE:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
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.

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
BLANKET COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TERRORISM COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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"/>
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"/>
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Demolition Costs	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Incr. Cost of Construction	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EARTH MOVEMENT (If Applicable)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
FLOOD (If Applicable)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
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"/>
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"/>
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input type="checkbox"/> <input checked="" type="checkbox"/> <input 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"/>	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

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PRODUCER NAME, CONTACT PERSON AND ADDRESS The Partners Group Ltd Christina Oakley 1111 Lake Washington Blvd N. Suite 400 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	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 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 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: \$ 10,856,000
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 <input type="checkbox"/>	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

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PRODUCER NAME, CONTACT PERSON AND ADDRESS The Partners Group Ltd Christina Oakley 1111 Lake Washington Blvd N. Suite 400 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 CODE: 5004390	E-MAIL ADDRESS: coakley@tpgrp.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
AGENCY CUSTOMER ID #: 00046592	SUB CODE:	POLICY TYPE BKO60145476		
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 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	
	YES	NO	N/A
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>		
BLANKET COVERAGE	<input checked="" type="checkbox"/>		
TERRORISM COVERAGE	<input checked="" type="checkbox"/>		
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"/>		
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"/>	
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>		
- Demolition Costs	<input checked="" type="checkbox"/>		
- Incr. Cost of Construction	<input checked="" type="checkbox"/>		
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>	
FLOOD (If Applicable)		<input checked="" type="checkbox"/>	
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>		
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>		
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"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> Mortgagee & Loss Payee	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
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. Suite 400 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 CODE: 5004390	E-MAIL ADDRESS: coakley@tpgrp.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
AGENCY CUSTOMER ID #: 00046592	SUB CODE:	POLICY TYPE BKO60145476		
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 <input type="checkbox"/> 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 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 <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"/>	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"/> <input checked="" type="checkbox"/>	
IS DOMESTIC TERRORISM EXCLUDED?	<input type="checkbox"/> <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 type="checkbox"/> <input checked="" type="checkbox"/>	
REPLACEMENT COST	<input type="checkbox"/> <input checked="" type="checkbox"/>	
AGREED VALUE	<input checked="" type="checkbox"/>	
COINSURANCE	<input type="checkbox"/> <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"/> <input checked="" type="checkbox"/>	If YES, LIMIT: DED:
FLOOD (If Applicable)	<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"/>	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 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	LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
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	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 500 SE Washington Ave Chehalis 505 SE Adam Avenue WA 98532
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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
BLANKET COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TERRORISM COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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"/>
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"/>
EQUIPMENT BREAKDOWN (if Applicable)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Demolition Costs	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Incr. Cost of Construction	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EARTH MOVEMENT (if Applicable)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
FLOOD (if Applicable)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
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"/>
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"/>
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input type="checkbox"/> <input checked="" type="checkbox"/> <input 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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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 6/26/2023 7:43:45 PM EST on OIG LEIE Exclusions database.

Source data updated on 6/8/2023 8:00:00 AM EST

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