

CONTRACT AMENDMENT
A

This CONTRACT AMENDMENT is made and entered into between KITSAP COUNTY, a municipal corporation, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "COUNTY", and Sound Self, PLLC having its principal offices at 8543 Canova Ave NW, Silverdale WA 98383 (the Contractor).

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-074-24, and executed on December 5, 2023 shall be amended as follows:

In consideration of the terms and conditions of this Contract, the parties agree as follows:

SECTION 4. COMPENSATION item 4.4 has been replaced in its entirety to


4.4 All funds disbursed to the Contractor will be processed by Direct Deposit via Automated Clearing House (ACH), unless otherwise agreed to by the parties. The Contractor will submit payments for work performed to support the dementia program, older adult healthy aging educational presentations, and monthly caregiver newsletter content.

This amendment shall be effective as of January 1, 2024.

Dated this 4 day of January, 2024

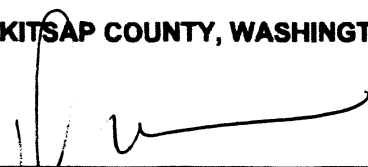
Dated this 4 day of January, 2024

SOUND SELF, PLLC




Jennifer Calvin Myers, Owner

KITSAP COUNTY, WASHINGTON



Doug Washburn, Director
Human Services Department

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Insurer: Philadelphia Indemnity Insurance Company
One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
NAIC #: 18058

Contact: CPH Insurance, 800-875-1911, info@cphins.com

Certificate of Liability Insurance

Date issued: 06/20/2023

Named Insured:

Sound Self, PLLC
Jennifer Calvin Myers
P.O. Box 3905,
Silverdale, WA 98383

Policy #: AR278683

Policy Term: 07/01/2023 - 07/01/2024

Covered Locations

Professional Liability: Portable Coverage, not location specific

Coverage Type <small>(Occurrence Form)</small>	Limits of Liability <small>(Per Claim/Total Per Year)</small>
Professional Liability	\$1,000,000/\$3,000,000
Supplemental Liability	\$1,000,000/\$3,000,000
Licensing Board Defense	\$35,000
Commercial General Liability	N/A
Fire/Water Legal Liability	N/A
Business Personal Property	N/A
Cyber Liability <small>(Claims Made Retroactive Date: 07/01/2023)</small>	\$15,000

Comments/Special Descriptions:

Certificate Holder

PROOF OF COVERAGE

Notice of Cancellation will only be provided to the first named insured in accordance with policy provisions, who shall act on behalf of all additional insureds with respect to giving notice of cancellation

Authorized Representative

Disclaimer: This certificate is issued as a matter of information only and confers no rights upon the certificate holder. The Certificate of Insurance does not constitute a contract between the issuing insurer, authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/21/2023

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 Scott Cashman, Agent 10868 Myhre Place NW Suite 101 Silverdale WA 98383		CONTACT NAME: Sheila Jones PHONE (A/C. No. Ext): 360-613-5550 FAX (A/C. No): 360-479-3889 E-MAIL ADDRESS: sheila@scottcashman.com																						
INSURED Sound Self, PLLC (Jennifer Calvin Myers) 8543 Canova Ave NW Silverdale WA 98383		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>State Farm Fire and Casualty Company</td> <td>25143</td> </tr> <tr> <td>INSURER B :</td> <td>State Farm Mutual Automobile Insurance Company</td> <td>25178</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	State Farm Fire and Casualty Company	25143	INSURER B :	State Farm Mutual Automobile Insurance Company	25178	INSURER C :		<input checked="" type="checkbox"/>	INSURER D :		<input checked="" type="checkbox"/>	INSURER E :		<input checked="" type="checkbox"/>	INSURER F :		<input checked="" type="checkbox"/>
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COVERAGES**CERTIFICATE NUMBER:****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	ADD INSD	SUB 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 checked="" type="checkbox"/> LOC OTHER:	Y		98-EN-C326-0	01/17/2023	01/17/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 6,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 500
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		175 3968-A08-47C	07/08/2023	01/08/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 100,000 \$
	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? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

"Kitsap County Aging and Long Term Care and its employees, Kitsap County, it's elected and appointed officials, officers, employees, and agents, and State of Washington, DSHS, it's elected and appointed officials, agents and employees are additional insured per written contract required and agreed by insured."

CERTIFICATE HOLDER**CANCELLATION**

Kitsap County 614 Division St 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 Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.
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