## CONTRACT AMENDMENT K

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 Stephen Group International, hereinafter "CONTRACTOR."

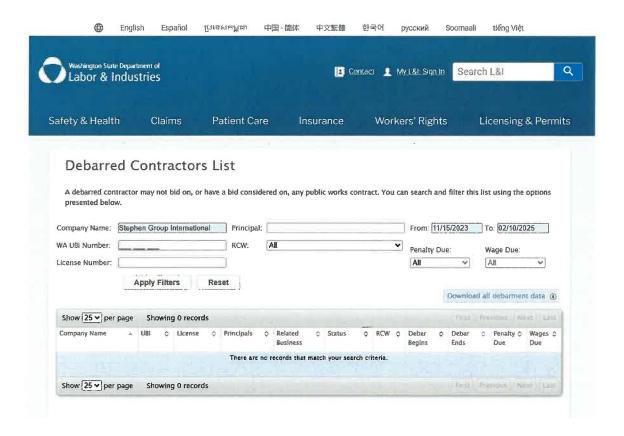
In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-237-20, executed on May 7, 2020, amended on August 31, 2020, December 30, 2020, April 19, 2021, March 3, 2022, June 14, 2022, September 7, 2022, February 16, 2023, December 4, 2023, April 8, 2024, and March 29, 2025 shall be further amended as follows:

- 1. The Date of the expiration of the contract is extended to 09/30/2025.
- 2. 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 upon execution by the parties.

DATED this August day 25, 2025
BOARD OF COUNTY COMMISSIONERS KITSAP COUNTY, WASHINGTON
NOT PRESENT
CHRISTINE ROLFES, Chair
KATHERINE T. WALTERS, Commissioner
ORAN ROOT, Commissioner

Approved as to form by the Prosecuting Attorney's Office.



RWAREHAM



## CERTIFICATE OF LIABILITY INSURANCE

3/17/2025

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).

_	his certificate does not confer rights t	o the	cert	terms and conditions of ificate holder in lieu of si	uch end	lorsement(s)	).			
PRODUCER Blasingame Insurance 200 North Argonne					CONTACT Michelle Fleming NAME: PHONE (A/C, No, Ext): FAX (A/C, No):					
					INSURER(S) AFFORDING COVERAGE				NAIC#	
					INSURER A : Scottsdale Insurance Company				41297	
INSURED				INSURER B:						
Stephen Group International, LLC 12708 Northup Way #305 Bellevue, WA 98005					INSURER C:					
					INSURER D:					
					INSURER E :					
						RF:				
				E NUMBER:				REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER	REMI ΓΑΙΝ,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHEI	R DOCUMENT WITH RESPI BED HEREIN IS SUBJECT T	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	*****	***************************************		(SIMPLE [TTT]	AMM/DD/1111]	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR	x	х	RBS0340803		4/1/2025	4/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		^	^					MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	S	2,000,000
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	S	2,000,000
	OTHER:							PRODUCTS - COMP/OF AGG	s	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(i ei accident)	s	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	S	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	
	DED RETENTION\$							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-	-	
			RBS0340803	RBS0340803	4/1/2025	4/1/2026	E.L. EACH ACCIDENT	s	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	1,000,000
Α	Errors & Omissions	Х	Х	RBS0340803		4/1/2025	4/1/2026	Each Claim	-	1,000,000
A	Errors & Omissions	X	X	RBS0340803		4/1/2025	4/1/2026	Aggregate		2,000,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE	LES (A	CORD	101, Additional Remarks Schedu	ile, may be	e attached if mor	e space is requii	red)		
CEF	RTIFICATE HOLDER				CANC	ELLATION				
<u> </u>	THE POLICE TO LOCALINA				CANO	LLLATION				
Kitsap County Dept of Human Services Care of Housing & Homelessness Division 614 Division St MS-23					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Port Orchard, WA 98366				AUTHORIZED REPRESENTATIVE  Kyluntula						