CONTRACT NO. KC-373-26-A
KITSAP COUNTY CONTRACT FACE SHEET
FOR SUB-RECIPIENT CONTRACTS USING FEDERAL AWARDS

CFR 200.332 Ensure every subaward is clearly identified to the subrecipient as a subaward and includes the information provided below. A pass-through entity must provide the best available information when some of the information below is unavailable and supplement answers with unavailable information later obtained. All information below is required.

Subrecipient's unique entity identifier: 600531589

Federal Award Identification Number (FAIN): NA- 1115 Demonstration Waiver

Federal Revenue Award Date: July 1, 2025

Subaward Period of Performance Start and End Date: July 1, 2026- June 30, 2027

☒ Check to verify the information is in contract:

☒ Subrecipient's name (must match the name associated with its unique entity identifier):

☒ Federal award identification: NA- State funded program

☒ Subaward Budget Period Start and End Date: NA

☒ Amount of Federal Funds Obligated in the subaward: NA

☒ Amount of Federal Funds Obligated to subrecipient by the pass-through entity, including current financial obligation: NA

☒ Total Amount of the Federal Award committed to the subrecipient by the pass-through entity: NA

☒ Federal award project description, as required by the Federal Funding Accountability and Transparency Act (FFATA): NA

☒ Name of Federal agency, pass-through entity, and contact information for awarding official of the pass-through entity: NA

☒ Dollar amount made available under each Federal award and the Assistance Listings Number at the time of disbursement: NA

☒ Indirect cost rate for the Federal award (including if the de minimis rate is used in accordance with § 200.414): NA

CONTRACT AMENDMENT A

This Contract for Human Services, Aging and Long Term Care Program Services Amendment ("Amendment") is between Kitsap County, a Washington state municipal corporation, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, ("County"), and South Kitsap Helpline, a Washington nonprofit corporation, having its principal office at 4215 SE Mile Hill Dr., Port Orchard, WA 98366 ("Contractor").

The parties executed KC-373-26 effective July 1, 2026 which the parties desire to amend subject to the terms and conditions of the Amendment.

NOW THEREFORE, the parties agree as follows:

1. Compensation. Subsection 4.2 of the Contract is amended to increase the maximum total by $45,000, resulting in a new total compensation amount of $90,000. Unearned funds from the prior Contract term ending June 30, 2026 have lapsed and will not be carried forward.

2. Effective Date. This Amendment offering additional services is effective on November 1, 2026 ("Effective Date").

3. Attachment B: Statement of Work. Attachment A, Service Definitions for medically tailored meals, Service Requirements for medically tailored meals, and Menu of Services are amended and replaced with the following:

   Service Definitions, item #5:
   Medically Tailored Meals and Medically Tailored Food Boxes: These are home delivered meals and ready to prepare food that consist of a variety of meal options that have all been verified by a Registered Dietitian Nutritionist (RDN). They meet the additional requirements for health related social needs (HRSN) medically tailored meals outlined in the program protocols (e.g. "one third of an individual's daily nutritional need as indicated by the Dietary Reference Intakes and Dietary Guidelines").
   Individuals who meet HRSN medically tailored meals and tailored food boxes eligibility criteria are required to have a nutritional care plan by a registered dietician (or under the supervision of a registered dietician) that outlines the nutritional needs and dietary guidance for a home delivered medically tailored meal/ food box. The subcontractor is responsible for providing a nutritional care plan and Kitsap Aging staff will enter the plan.

   Service Requirements
   Home Delivered Medically Tailored Meals and Medically Tailored Food Boxes: Each meal must contain sufficient food to support approximately one-third of an individual's daily nutritional needs as indicated by the Dietary Reference Intakes and Dietary Guidelines. The meal may also include an accompanying fluid/drink and/or a supplementary food item to support meeting a participant's nutrition needs between meals if medically appropriate (for example, to provide access to fluids and/or support taking medication accompanied by food). Meals may consist of fresh or frozen food.

   The service must be provided in accordance with nutrition-related national guidelines, such as the Dietary Guidelines for Americans, or evidence-based practice guidelines for specific chronic diseases and conditions.

Pregnancy/Postpartum

If the client is a pregnant/postpartum person, then they may receive these services either throughout their pregnancy and up to 12 months postpartum. The intervention may apply to subsequent pregnancies/postpartum periods during the contract period if the person meets the needs-based clinical criteria at the time.

All authorized medically tailored prepared meals and medically tailored food boxes must meet the needs outlined in the nutritional care plan for each individual.

- Every subcontractor that provides the medically tailored service is required to have a Washington State registered nutritionist license assess and develop an individualized nutritional care plan.
- The meal reimbursement rate includes purchase of food, preparation of meal, sales/ tax, staff time, delivery charges and all other expenses related to service.

Menu of Services

Mark "X" if providing the service	Service	Service description	bursement Rate
XX	Nutrition Counseling & Education	Educational strategies designed to motivate and facilitate voluntary adoption of food choices and other food and nutrition- related behaviors conducive to health and wellbeing. Individual or group setting. Examples: Handout (recipes) or educational insert	Authorized once ($33.48), per 6 month period.
XX	**Medically Tailored Meals or Medically Tailored Food Box	Meals tailored to support individuals with health-related condition(s) for which nutrition supports would improve health outcomes. Meal prep and delivery to home included in the rate. Expanded services for pregnant and postpartum persons.	Authorized up to 3 meals a day, up to 6 months period. $20.50 per meal Meal food boxes are reimbursed based on the number of meals the food box contains. • For example, 12 meals in a food box = 12 x $20.50= $246 per box
XX	**Pantry Stocking (Food Boxes)	Age Restriction: Only for individual under 21 years of age *or (any age) pregnant person.* This service provides an assortment of foods aimed at promoting improved nutrition. Individuals may pick up food or have delivered.	Authorized: **Once a month** ($83.00/ month) or **Other** ($500 up to 6-months episode)
XX	Fruit & Vegetable Provisions	This service provides fruits and vegetables- fresh, frozen, or canned. Individuals may pick up or have delivered.	Authorized up to $83.00 per month for 6 months

** An individual cannot receive medically tailored meals and pantry stocking concurrently.

4. Attachment C: Budget Summary. Attachment C of the Contract is deleted in its entirety and replaced with Revised Attachment C, which is attached and incorporated by reference.

5. Ratification. To the extent that any services were provided or payments were made between July 1, 2026 and the date of full execution of this Amendment, the parties hereby ratify and approve such actions, intending them to be governed by the terms and conditions of the Contract as amended herein.

6. Terms Unchanged. Except as expressly provided in this Amendment, all other terms and conditions of the Contract, including any prior amendments, remain unchanged and in full force and effect.

7. Counterparts/Electronic Signature. This Amendment may be executed in several counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same agreement. Facsimile, email, or other electronically delivered signatures of the parties shall be deemed to constitute original signatures and duplicate originals.

8. Authorizations. The signatories to this Amendment represent that they have been appropriately authorized to enter into this Amendment on behalf of the party for whom they sign, and that no further action or approvals are necessary before execution of this Amendment.

Dated this 6th day of November, 2026

SOUTH KITSAP HELPLINE

Jennifer Hardison, Executive Director

Dated this 12 day of November, 2026

KITSAP COUNTY, WASHINGTON

Torrie Brazitis, Administrator

REVISED ATTACHMENT C
Budget Summary for SFY 2027

Payment amount and schedule are set forth below.

Budget Table
July 1, 2026 - June 30, 2027

Program/Funding Source	Total	QTR 1 JUL-SEPT 2026	QTR 2 OCT- DEC 2026	QTR 3 JAN -MAR 2027	QTR 4 APRIL -JUN 2027
Health Related Social Needs - Nutrition Services	90,000	12,500	25,834	25,833	25,833
Nutrition Counseling & Education	10,000	2,500	2,500	2,500	2,500
Medically Tailored Meals	40,000	0	13,334	13,333	13,333
Pantry Stocking	20,000	5,000	5,000	5,000	5,000
Fruit & Vegetable Provision	20,000	5,000	5,000	5,000	5,000
Match	0	0	0	0	0
No Match Required					
Total Project	90,000	12,500	25,834	25,833	25,833

Funding Source	CFDA #
N/A	N/A

Client#: 82507 SOUTKITS4

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/23/2026

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Beth Cain
Propel Insurance 1201 Pacific Avenue; Suite 1000 COM Small Business Tacoma, WA 98402-4321	PHONE (A/C, No, Ext): 800 499-0933 FAX (A/C, No): 866 577-1326 E-MAIL ADDRESS: beth.cain@propelinsurance.com
INSURED South Kitsap Helpline 1010-1012 Mitchell Avenue Port Orchard, WA 98366	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Philadelphia Indemnity Ins Company — 18058 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR			PHPK2676389024	05/22/2026	05/22/2027	EACH OCCURRENCE	$1,000,000
							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: POLICY [ ] PRO JECT [ ] LOC						GENERAL AGGREGATE	$2,000,000
							PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			PHPK2676389024	05/22/2026	05/22/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	ANY AUTO OWNED AUTOS ONLY [X] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB [X] OCCUR			PHUB908269009	05/22/2026	05/22/2027	EACH OCCURRENCE	$1,000,000
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$1,000,000
	DED [X] RETENTION $10000							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		PHPK2676389024 WA Stop Gap	05/22/2026	05/22/2027	[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
A	Crime			PHPK2676389024	05/22/2026	05/22/2027	$242,500 Lmt $2,500 Ded	
A	Professional Liability			PHPK2676389024	05/22/2026	05/22/2027	$1,000,000 Ea. Incident $2,000,000 Aggregate	

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

Kitsap County named as Additional Insured per attached form(s).

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 Brad Billingsley

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

BMC00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL LIABILITY DELUXE ENDORSEMENT: HUMAN SERVICES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposure is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page #
Extended Property Damage	Included	2
Limited Rental Lease Agreement Contractual Liability	$50,000 limit	2
Non-Owned Watercraft	Less than 58 feet	2
Damage to Property You Own, Rent, or Occupy	$30,000 limit	2
Damage to Premises Rented to You	$1,000,000	3
HIPAA	Clarification	4
Medical Payments	$20,000	5
Medical Payments – Extended Reporting Period	3 years	5
Athletic Activities	Amended	5
Supplementary Payments – Bail Bonds	$5,000	5
Supplementary Payment – Loss of Earnings	$1,000 per day	5
Employee Indemnification Defense Coverage	$25,000	5
Key and Lock Replacement – Janitorial Services Client Coverage	$10,000 limit	6
Additional Insured – Newly Acquired Time Period	Amended	6
Additional Insured – Medical Directors and Administrators	Included	7
Additional Insured – Managers and Supervisors (with Fellow Employee Coverage)	Included	7
Additional Insured – Broadened Named Insured	Included	7
Additional Insured – Funding Source	Included	7
Additional Insured – Home Care Providers	Included	7
Additional Insured – Managers, Landlords, or Lessors of Premises	Included	7
Additional Insured – Lessor of Leased Equipment	Included	7
Additional Insured – Grantor of Permits	Included	8
Additional Insured – Vendor	Included	8
Additional Insured – Franchisor	Included	9
Additional Insured – When Required by Contract	Included	9
Additional Insured – Owners, Lessees, or Contractors	Included	9
Additional Insured – State or Political Subdivisions	Included	10

Includes copyrighted material of Insurance Services Office, Inc., with its permission.
© 2011 Philadelphia Indemnity Insurance Company

LIABILITY, Subsection **2. Exclusions**, Paragraph **j. Damage to Property**, Item **(1)** is deleted in its entirety and replaced with the following:

(1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, up to a $30,000 limit. A client is defined as a person under your direct care and supervision.

E. Damage to Premises Rented to You

1. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" is changed to "fire, lightning, explosion, smoke, or leakage from automatic fire protective systems" where it appears in:

   a. The last paragraph of **SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions**; is deleted in its entirety and replaced by the following:

      Exclusions **c.** through **n.** do not apply to damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in **SECTION III – LIMITS OF INSURANCE.**

   b. **SECTION III – LIMITS OF INSURANCE**, Paragraph 6. is deleted in its entirety and replaced by the following:

      Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems while rented to you or temporarily occupied by you with permission of the owner.

   c. **SECTION V – DEFINITIONS**, Paragraph 9.a., is deleted in its entirety and replaced by the following:

      A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";

2. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Subsection **4. Other Insurance**, Paragraph **b. Excess Insurance, (1) (a) (ii)** is deleted in its entirety and replaced by the following:

   That is insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems for premises rented to you or temporarily occupied by you with permission of the owner;

3. The Damage To Premises Rented To You Limit section of the Declarations is amended to the greater of:

Includes copyrighted material of Insurance Services Office, Inc., with its permission.
© 2011 Philadelphia Indemnity Insurance Company

G. Medical Payments – Limit Increased to $20,000, Extended Reporting Period

If **COVERAGE C MEDICAL PAYMENTS** is not otherwise excluded from this Coverage Part:

1. The Medical Expense Limit is changed subject to all of the terms of **SECTION III - LIMITS OF INSURANCE** to the greater of:

   a. $20,000; or
   b. The Medical Expense Limit shown in the Declarations of this Coverage Part.

2. **SECTION I – COVERAGE, COVERAGE C MEDICAL PAYMENTS,** Subsection **1. Insuring Agreement**, a. (3) (b) is deleted in its entirety and replaced by the following:

   (b) The expenses are incurred and reported to us within three years of the date of the accident.

H. Athletic Activities

SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS, Subsection **2. Exclusions,** Paragraph **e. Athletic Activities** is deleted in its entirety and replaced with the following:

e. Athletic Activities

To a person injured while taking part in athletics.

I. Supplementary Payments

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS - COVERAGE A AND B are amended as follows:

1. b. is deleted in its entirety and replaced by the following:

1. b. Up to $5000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these.

1.d. is deleted in its entirety and replaced by the following:

1. d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to $1,000 a day because of time off from work.

J. Employee Indemnification Defense Coverage

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B the following is added:

We will pay, on your behalf, defense costs incurred by an "employee" in a criminal proceeding occurring in the course of employment.

The most we will pay for any "employee" who is alleged to be directly involved in a criminal proceeding is $25,000 regardless of the numbers of "employees," claims or "suits" brought or persons or organizations making claims or bringing "suits.

Includes copyrighted material of Insurance Services Office, Inc., with its permission.
© 2011 Philadelphia Indemnity Insurance Company

Coverage Part, Paragraph **3.a.** is deleted in its entirely and replaced by the following:

a. Coverage under this provision is afforded until the end of the policy period.

2. Each of the following is also an insured:

a. **Medical Directors and Administrators** – Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services of any physician or psychiatrist in the treatment of a patient.

b. **Managers and Supervisors** – Your managers and supervisors are also insureds, but only with respect to their duties as your managers and supervisors. Managers and supervisors who are your "employees" are also insureds for "bodily injury" to a co-"employee" while in the course of his or her employment by you or performing duties related to the conduct of your business.

This provision does not change Item 2.a.(1)(a) as it applies to managers of a limited liability company.

c. **Broadened Named Insured** – Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.

d. **Funding Source** – Any person or organization with respect to their liability arising out of:

(1) Their financial control of you; or

(2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

e. **Home Care Providers** – At the first Named Insured's option, any person or organization under your direct supervision and control while providing for you private home respite or foster home care for the developmentally disabled.

f. **Managers, Landlords, or Lessors of Premises** – Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

(1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or

(2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.

g. **Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You** – Any person or organization from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or

Includes copyrighted material of Insurance Services Office, Inc., with its permission.
© 2011 Philadelphia Indemnity Insurance Company

(g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or

(h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

(i) The exceptions contained in Sub-paragraphs **(d)** or **(f)**; or

(ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

(2) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing.

j. **Franchisor** – Any person or organization with respect to their liability as the grantor of a franchise to you.

k. **As Required by Contract** – Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations

l. **Owners, Lessees or Contractors** – Any person or organization, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:

(1) Your acts or omissions; or

(2) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured when required by a contract.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

(a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

(b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Includes copyrighted material of Insurance Services Office, Inc., with its permission.
© 2011 Philadelphia Indemnity Insurance Company

Recovery Against Others To Us is deleted in its entirety and replaced by the following:

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

Therefore, the insured can waive the insurer's rights of recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

P. Liberalization

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, is amended to include the following:

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

Q. Bodily Injury – Mental Anguish

SECTION V – DEFINITIONS, Paragraph **3.** Is deleted in its entirety and replaced by the following:

"Bodily injury" means:

a. Bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and

b. Except for mental anguish, includes death resulting from the foregoing (Item **a.** above) at any time.

R. Personal and Advertising Injury – Abuse of Process, Discrimination

If **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE** is not otherwise excluded from this Coverage Part, the definition of "personal and advertising injury" is amended as follows:

1. **SECTION V – DEFINITIONS**, Paragraph 14.b. is deleted in its entirety and replaced by the following:

   b. Malicious prosecution or abuse of process;

2. **SECTION V – DEFINITIONS**, Paragraph 14. is amended by adding the following:

   Discrimination based on race, color, religion, sex, age or national origin, except when:

   a. Done intentionally by or at the direction of, or with the knowledge or consent of:

   (1) Any insured; or

   (2) Any executive officer, director, stockholder, partner or member of the insured;

   b. Directly or indirectly related to the employment, former or prospective employment, termination of employment, or application for employment of any person or persons by an insured;

Includes copyrighted material of Insurance Services Office, Inc., with its permission.
© 2011 Philadelphia Indemnity Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
Kitsap County, its officers, agents and employees
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

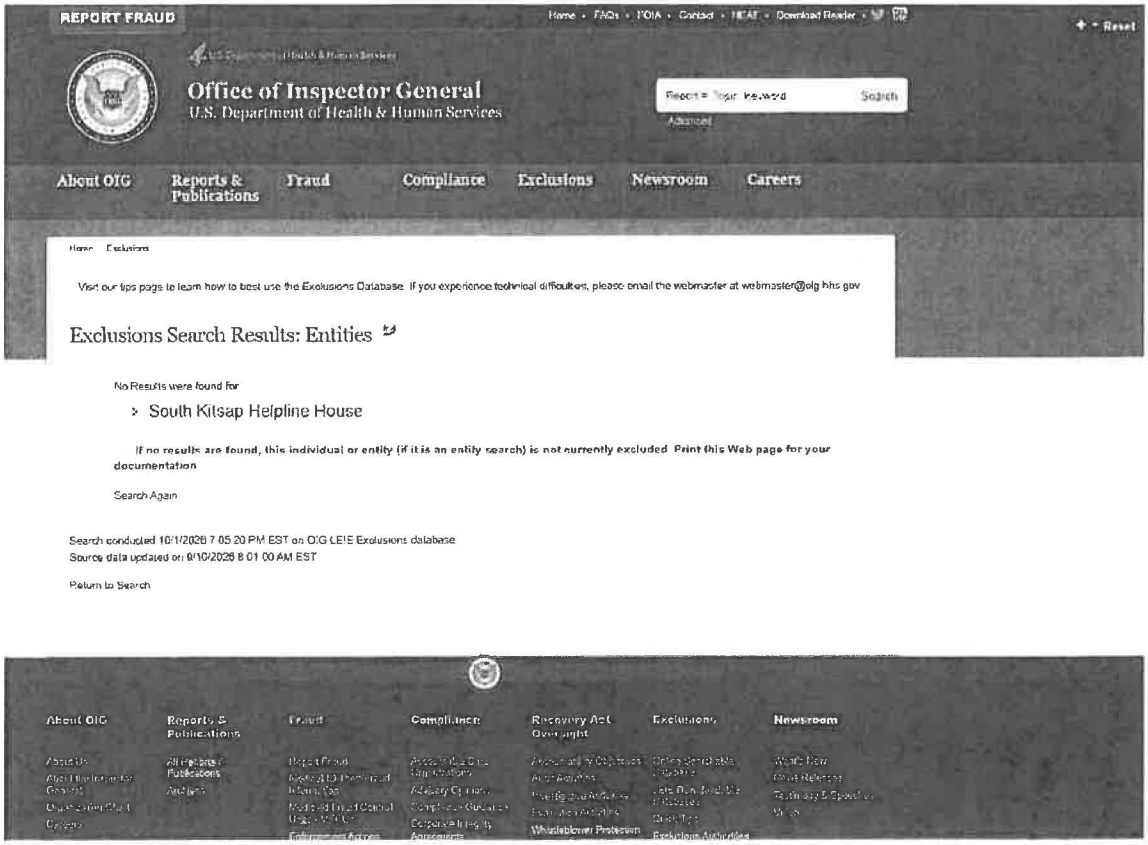
If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

© Insurance Services Office, Inc., 2012


REPORT FRAUD
Home • FAQs • FOIA • Contact • HEAT • Download Reader
Reset
Office of Inspector General
U.S. Department of Health & Human Services
Search
Advanced
About OIG
Reports & Publications
Fraud
Compliance
Exclusions
Newsroom
Careers
Home Exclusions
Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov
Exclusions Search Results: Entities
No Results were found for
South Kitsap Helpline House
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 10/1/2026 7:05:20 PM EST on OIG LEIE Exclusions database
Source data updated on 9/10/2026 8:01:00 AM EST
Return to Search
About OIG
Reports & Publications
Fraud
Compliance
Recovery Act Oversight
Exclusions
Newsroom