

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 Able Opportunities, Inc, hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract KC-318-23-A and to be executed on January 1, 2024, shall be amended as follows:

1. **Section 4. Compensation:** shall be amended to read as follows:
 - 4.1 The total amount payable under the contract, by the County to the Contractor in no event will exceed \$440,041. Any cost incurred by the Contractor over and above the year-end sums set out on the budgets shall be at the Contractor's sole risk and expense.

The contract increases by \$55,224 from \$384,817 to a new contract total of \$440,041.
2. **Attachment C: Service Information Form** shall be replaced in its entirety 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:

Kelly Oneal, Developmental Disabilities Coordinator Kitsap County Department of Human Services
614 Division Street, MS-23 Port Orchard, WA 98366.

Upon receipt, the Human Services Department will ensure submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.
4. 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 19 day December, 2023. . DATED this 8 day Jan, 2024.

CONTRACTOR
Able Opportunities, Inc.

Jennifer J. White

Jennifer White, Director



KITSAP COUNTY BOARD OF COMMISSIONERS

Katherine T. Walters

KATHERINE T. WALTERS, Chair

Christine Rolfes

CHRISTINE ROLFES, Commissioner

Charlotte Garrido

CHARLOTTE GARRIDO, Commissioner

ATTEST:

Dana Daniels

Dana Daniels, Clerk of the Board

Approved as to form by the Prosecuting Attorney's Office

ATTACHMENT C: SERVICE INFORMATION FORM (1/1/24)

Able Opportunities, Inc.

INDIVIDUAL SUPPORTED EMPLOYMENT

Individual Supported Employment services are a part of Client's pathway to employment and are tailored to individual needs, interests, and abilities, and promote career development. These are individualized services necessary to help persons with developmental disabilities obtain and continue integrated employment at or above the state's minimum wage in the general workforce. These services may include intake, discovery, assessment, job preparation, job marketing, job supports, record keeping and support to maintain a job.

ESTIMATED NUMBER OF PEOPLE TO BE SERVED:

The number of people served is determined by the issuance of County Service Authorizations. The number of people served will fluctuate as people choose to enter or leave the Contractor's service over the contract period. It is estimated that Able Opportunities will serve between ten (10) and twenty (20) individuals in this category.

TARGETED OUTCOMES/GOALS:

An Individual Support Plan (including measurable outcomes) will be developed for each person referred to the Contractor with a County Service Authorization. Outcomes should be in accordance with the Criteria for Evaluation (<http://www.dshs.wa.gov/dda/county-best-practices>) and incorporate County Guide to Achieve Developmental Disability Administration's Guiding Values, Role of Employment, (<http://www.dshs.wa.gov/dda/county-best-practices>). The plan must be tailored to promote the employment outcomes that meet the desires of the client. The plan will be reviewed at a minimum of every six (6) months and be rewritten as needed in order to meet the client's goals for the individual employment program. Provided services will relate to the client's individually identified goal(s) as outlined in their plan, and the semi-annual reports will demonstrate progress made on identified goals of the previous six (6) months.

Staff will serve clients so that they will be supported to work towards a living wage. A living wage is the amount needed to enable a client to meet or exceed his or her living expenses. Clients should be supported to average 20 hours of community work per week, or 86 hours a month, with the ultimate goal being full-time employment and earning a living wage. However, each person's preferred hours of employment should be taken into consideration. The amount of service provided will be based on the client's demonstrated need, acuity level and work history per WAC 388-828.

For clients interested in pursuing self-employment, state-adopted self-employment guidelines, as applicable (<http://www.dshs.wa.gov/dda/county-best-practices>), will be followed for any client who owns and operates a business. In addition, at a minimum,

any self-employment venture must include a business plan, established benchmarks for financial gain, and show that progress is being made towards providing a living wage.

Sites utilized for community assessment activities will comply with the US Department of Labor Standards and applicable state standards as well as follow DDA Guidelines for Community Assessments with Employment and Vocational Programs. (<http://www.dshs.wa.gov/dda/county-best-practices>)

Service activities will be in accordance with Employment Activities – Strategies and Progress/Outcomes Measures (<http://www.dshs.wa.gov/dda/county-best-practices>). Supports provided should include training and support to the employee’s employer and co-workers in each job placement to ensure jobs are maintained. This also includes the development of natural supports.

Information pertaining to wages, productivity, benefits and work hours shall be documented for each participant, including progress in achieving increased wages and work hours.

A written performance plan which describes program objectives and expected outcomes shall be developed. It shall include details regarding how and when objectives will be accomplished. At a minimum, the plan shall contain performance indicators that measure the percentage of people employed, the average number of hours worked per month, the number of new jobs starts, the number of job losses and reasons for job loss. The plan shall be evaluated at least biennially, revised based on actual performance, and demonstrate progress over time.

Evidence that services are provided in adherence to the Medicaid HCBS settings requirements of 42 CFR 441.530 (a)(1), including: is integrated in and supports full access to the greater community; ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS; and provides opportunities to seek employment and work in competitive integrated settings. Settings that isolate people from the broader community or that have the effect of isolating them from the broader community of individuals that do not receive Medicaid HCB services are presumed not to be home and community based.

All clients receiving individual employment services shall be employed earning minimum wage or better within six (6) months. If a client is not employed earning minimum wage or better by the time six (6) months has elapsed, the Contractor will assure that the following activities have been taken:

- a) Review of the progress towards employment goals;
- b) Provide evidence of consultation with the family/client; and
- c) Development of additional strategies with the family/client, county staff, employment support staff and the DDA case manager. Strategies may include providing technical assistance, changing to a new provider, and/or providing additional resources as needed to support the client’s pursuit of employment.

The additional new strategies will be documented for each client and kept in the client's file(s).

If after twelve (12) months the client remains unemployed, an additional review will be conducted. The Contractor will address steps outlined in the previous six (6) month progress report. When requesting to participate in community inclusion services, the client shall communicate directly with their DDA case manager, as the DDA Case manager is directly responsible for authorizing Community Inclusion Services.

Staff will have the opportunity to attend conferences and receive training.

BILLING:

This contract is fee-for-service. Individuals shall be billed at a rate of \$102 per unit, per month, from July 1, 2023 –June 30, 2024 unless a specialized rate is agreed upon by the agency, DDA Case Management and the County and the rate is documented on the County Service Authorization form. One (1) unit equals an "hour" which is at least fifty minutes of service. Partial hour to the quarter may be recorded.

Reimbursable activities are contained on the *Employment Phases and Billable Activities* document located at <http://www.dshs.wa.gov/dda/county-best-practices>.

The contractor will not be reimbursed for service hours/units provided above the maximum service hours/units documented on the client's DDA ISP or activities outside the scope of the *Employment Phases and Billable Activities* document.

Service or organizational improvement activities: With the County's prior approval, the County may elect to provide reimbursement to the Service Provider for approved expenditures for activities designed to increase the quality of services provided to clients with a focus on professional development, client engagement, and capacity.

The Contractor may bill up to a maximum of \$4,000 in the purchase of software, hardware and/or assistive technology or activities related to diversity, equity and inclusion efforts as it pertains to the support of individuals receiving IE program services. The Contractor will maintain receipts of purchases that will be made available for review upon request by Kitsap County staff.

ATTACHMENT C: SERVICE INFORMATION FORM (1/1/24)

Able Opportunities

COMMUNITY INCLUSION SERVICES

Individualized services provided in integrated community settings with other individuals without disabilities. The activities are based on Client interests and provide opportunities typically experienced by the general public of similar age in their local community, accessible by public transit or a reasonable commute from their home. The goal of the service is to support clients to participate, contribute, and develop relationships with community members who are not paid staff. These services may be authorized for individuals 62 and older. These services may be authorized in addition to or instead of employment support (Individual Employment) for working age individuals who have received nine months of employment support.

ESTIMATED NUMBER OF PEOPLE TO BE SERVED:

The number of people served is determined by the issuance of County Services Authorizations. The number of people served will fluctuate as people choose to enter or leave the contractor's service over the contract period. It is estimated that Able Opportunities will serve between one (1) and ten (10) individuals per month in this program.

TARGETED OUTCOMES/GOALS:

An Individual Support Plan (including outcomes) will be developed for each client referred to the Contractor with a County Service Authorization that will be individualized and identifies the support needs of each client. Outcomes should be in accordance with the Criteria for Evaluation (<http://www.dshs.wa.gov/dda/county-best-practices>) and incorporate County Guide to Achieve Developmental Disability Administration's Guiding Values, Role of Community Inclusion, (<http://www.dshs.wa.gov/dda/county-best-practices>). The plan must be tailored to promote community integration and meet the desires of the client. The plan will be reviewed every six months, and be rewritten as needed in order to meet the client's goals for the community inclusion program. Provided services will relate to the client's individually identified goal(s) as outlined in their plan, and the semi-annual reports will demonstrate progress made on identified goals of the previous six months. Plan goals need to reflect information documented in the participant's DDA Support Intensity Scale (SIS) Cares Assessment in one or more areas of the subscales identified in Attachment D, Criteria for Evaluation, (<http://www.dshs.wa.gov/dda/county-best-practices>)

Community Inclusion services should ensure health and safety, promote positive image and relationships in the community, increase competence, and individual skill building. Services will focus on identifying client interests and developing strategies to connect people to their local communities. Service activities should provide the support needed for program clients to learn, practice, and apply life skills to develop relationships and actively engage in their communities.

Supports offered will teach clients to use the community and community resources as independently as possible, developing natural supports, fading agency staff support and promoting client independence.

Volunteer opportunities will comply with the US Department of Labor Standards and applicable state standards.

The Contractor will document:

1. Services provided will focus on activities that are typically experienced by the general public. Support to participate in segregated activities and/or specialized activities will not be reimbursed.
2. Clients are assisted to take part in typical and integrated activities, events and organizations in the client's neighborhood or local community in ways similar to others of the same age. Plans should identify community places where the client's interests, culture, talent and gifts can be contributed and shared with others with similar interests. Plan activities may include participation in a volunteer job or membership at a community organization.
3. Clients are assisted to take part in activities on an individual basis. Plans should identify clubs, associations and organizations where a client can be a member and have decision-making capacities.
4. Opportunities are fostered to build and strengthen relationships between family members and members of the local community who are not paid to be with the person.

Evidence that services are provided in adherence to the Medicaid HCBS settings requirements of 42 CFR 441.530 (a)(1) including: is integrated in and supports full access to the greater community; and ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS. Settings that isolate people from the broader community or that have the effect of isolating them from the broader community of individuals that do not receive Medicaid HCB services are presumed not to be home and community based.

A written performance plan which describes program objectives and expected outcomes shall be developed. It shall include details regarding how and when objectives will be accomplished. At a minimum, the plan shall contain performance indicators that measure client participation in volunteer or other meaningful, individualized community inclusive activities. The outcome performance measures tracked should demonstrate progress in meeting plan goals over time.

Staff has the opportunity to attend conferences and/or receive training.

BILLING:

This contract is fee-for-service. Individuals shall be billed at a rate of \$61.36 per unit, per month, from July 1, 2023 –June 30, 2024 unless a specialized rate is agreed upon by the agency, DDA Case Management and the County and the rate is documented on the County Service Authorization form. One (1) unit equals an “hour” which is at least fifty minutes of service. Partial hour to the quarter may be recorded.

Reimbursable activities are contained on the *Community Inclusion Billable Activities* document located at <http://www.dshs.wa.gov/dda/county-best-practices>.

Community Inclusion service support hours will be based on the client’s community Inclusion acuity as determined per WAC through the client’s DDA PSPC. Clients receiving service hours above their assessed level of support or activities provided outside the scope of the *Community Inclusion Billable Activities* will not be reimbursed.

Service or organizational improvement activities: With the County’s prior approval, the County may elect to provide reimbursement to the Service Provider for approved expenditures for activities designed to increase the quality of services provided to clients with a focus on professional development, client engagement, and capacity.

The Contractor may bill up to a maximum of \$4,000 in the purchase of software, hardware and/or assistive technology or activities related to diversity, equity and inclusion efforts as it pertains to the support of individuals receiving IE and/or CI program services. The Contractor will maintain receipts of purchases that will be made available for review upon request by Kitsap County staff.

Client # 630627

MEMORANDUM OF INSURANCE Date Issued 04/06/2023

Producer
 Association Member Benefits Advisors, LLC.
 In CA dba Assn. Member Benefits & Insurance Agency
 P.O. Box 14576
 Des Moines, IA 50306-3576
 1-800-375-2764

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Company Affording Coverage
 Liberty Insurance Underwriters Inc.

Insured
 Able Opportunities, Inc.
 36243 Hansville Road NE
 Hansville, WA 98340


This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims. The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability and General Liability RehabProf Fm Rehabilitation Counselor	AHY-870096007	06/12/2023	06/12/2024	Per Incident/ Occurrence	\$2,000,000
				Annual Aggregate	\$4,000,000

Memorandum Holder is added as an additional insured, but only as respects to claims arising out of the sole negligence of the Named Insured subject to the terms and provision of the policy.
 Coverage includes General Liability for Occurrences at 36243 Hansville Road NE Hansville, WA 98340 arising out of the sole negligence of the Named Insured.

Memorandum Holder:
 Kitsap County Developmental Disabilities
 614 Division St MS 23
 Port Orchard WA 98366

Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
 Brad J. Feller




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/25/2023

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 Insurance Services Group PO BOX 1658, EDMONDS, WA 98020	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : United Financial Casualty Company	
NAIC # 11770	
INSURED ABLE OPPORTUNITIES, INC 36375 HANSVILLE ROAD NE HANSVILLE, WA 983400000	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES CERTIFICATE NUMBER: 339255693986528502D062523T170216 **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 type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	007314460	06/20/2023	12/20/2023	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 Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER

CANCELLATION

ABLE OPPORTUNITIES, INC 36375 HANSVILLE ROAD NE HANSVILLE, WA 983400000	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 <div style="text-align: right;"><i>Mark Paul</i></div>
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Insurance Services Group		NAMED INSURED ABLE OPPORTUNITIES, INC 36375 HANSVILLE ROAD NE HANSVILLE, WA 983400000	
POLICY NUMBER 007314460		EFFECTIVE DATE: 06/20/2023	
CARRIER United Financial Casualty Company	NAIC CODE 11770		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection	\$10,000
Underinsured Motorist Bodily Injury	\$1,000,000 Combined Single Limit
Underinsured Motorist Property Damage	\$50,000 w/\$100 Ded (\$300 if Hit & Run)

Liability coverage may not apply to all scheduled vehicles.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/06/2023

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 Insurance Services Group PO BOX 1658, EDMONDS, WA 98020	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com												
INSURER(S) AFFORDING COVERAGE													
INSURED ABLE OPPORTUNITIES, INC 36375 HANSVILLE ROAD NE HANSVILLE, WA 983400000	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : United Financial Casualty Company</td> <td style="width: 20%;">NAIC # 11770</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : United Financial Casualty Company	NAIC # 11770	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER B :													
INSURER C :													
INSURER D :													
INSURER E :													
INSURER F :													

COVERAGES CERTIFICATE NUMBER: 339255693986528502D120623T153800 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 type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	007314461	12/20/2023	06/20/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (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 \$
A	See ACORD 101 for additional coverage details.	N	N	007314461	12/20/2023	06/20/2024	\$

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

CERTIFICATE HOLDER ABLE OPPORTUNITIES, INC 36375 HANSVILLE ROAD NE HANSVILLE, WA 983400000	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 <div style="text-align: right; font-family: cursive; font-size: 1.2em;">Mark Paul</div>
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Insurance Services Group		NAMED INSURED ABLE OPPORTUNITIES, INC 36375 HANSVILLE ROAD NE HANSVILLE, WA 983400000	
POLICY NUMBER 007314461		EFFECTIVE DATE: 12/20/2023	
CARRIER United Financial Casualty Company	NAIC CODE 11770		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Underinsured Motorist Bodily Injury	\$1,000,000 Combined Single Limit
Underinsured Motorist Property Damage	\$50,000 w/\$100 Ded (\$300 if Hit & Run)
Personal Injury Protection	\$10,000

Liability coverage may not apply to all scheduled vehicles.



[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

» [Able Opportunities](#)

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 6/25/2023 4:42:40 PM EST on OIG LEIE Exclusions database.
Source data updated on 6/8/2023 8:00:00 AM EST

[Return to Search](#)