TODELL

ACORD CE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/12/2022

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	CONTACT Thomas Odell				
MHT Insurance 1904 Third Ave Suite 714	PHONE (A/C, No, Ext): (206) 552-7578	FAX (A/C, No): (206) 6	22-9727		
Seattle, WA 98101-1100	E-MAIL ADDRESS: teodell@mhtinsurance.com				
	INSURER(S) AFFORDING COVERAGE				
	INSURER A : Scottsdale Insurance Co.		41297		
INSURED	INSURER B: Great American Ins Co. A XII	:	26344		
Therapeutic Health Services	INSURER C:				
1116 Summit Avenue	INSURER D:				
Seattle, WA 98101-2831	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.

		JSIONS AND CONDITIONS OF SUCH		_						
INSR		TYPE OF INSURANCE	ADDL INSD	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	5,000,000
		X CLAIMS-MADE OCCUR	Х	Х	OPS158617310	10/12/2022	10/12/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X	Incl Prof Liability						MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	5,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	5,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	5,000,000
		OTHER:							\$	
В	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO	X	X	CAP5563560-16	10/20/2022	10/20/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	4,000,000
	X	EXCESS LIAB CLAIMS-MADE		X	EXC 5563561-17	10/12/2022	10/12/2023	AGGREGATE	\$	
		DED RETENTION \$							\$	4,000,000
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		OPS158617310	10/12/2022	10/12/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Umbrella is excess of auto coverage only. Snohomish County, Its officers, elected officials, agents and employees are named as additional insured per the attached endorsement.

APPROVED

CANCELLATION

By Snohomish County Risk Mngt (S.Barker) at 12:35 pm, May 15, 2023

Snohomish County 3000 Rockefeller Avenue MS 305 Everett. WA 98201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
L voicit, 14A 30201	AUTHORIZED REPRESENTATIVE
	LEOdel

ACORD 25 (2016/03)

CERTIFICATE HOLDER

© 1988-2015 ACORD CORPORATION. All rights reserved.

POLICY NUMBER: OPS1586173

COMMERCIAL GENERAL LIABILITY

CG 20 26 07 04

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)

City of Seattle Human Services Dept. P.O. Box 34215 700 5th Avenue, Suite 5800 Seattle, WA 98124

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT NO. 2

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.	
OPS1586173	10/12/2022	Therapeutic Health Services and THS One	Negley Associates 29518	

nsideration of the premium charged the following is added to form CG 20 26 07 04:	
Seattle Housing Authority	
P.O. Box 19028	
Seattle, WA 998109	
City of Bellevue, Human Service Division	
P.O. Box 90012	
Bellevue, WA 98009	
Snohomish County, its Officers, Elected Officials,	
Agents and Employees	
3000 Rockefeller Ave., MS 305	
Everett, WA 98201	
City of Kirkland	
Human Services Division	
123 Fifth Ave.	
Kirkland, WA 98033	
The State of Washington, Dept. of Social & Health	
Services, and the elected and appointed officials,	
agents and employees of the State are added as	
Additional Insureds with respect to any and all contracts with the State DSHS.	
contracts with the State DSHS.	
State of Washington, DSHS Enterprise Risk	
Management Office	
P.O. Box 45882	
Olympia, WA 98504	
King Co. Dept. of Judicial Admin, its officers, officials,	

employees or agents, King County Court House 516 3rd Ave. #E609 Seattle, WA 98104



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT NO. 3

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.	
OPS1586173	10/12/2022	Therapeutic Health Services and THS One	Negley Associates	
			29518	

In consideration of the premium charged the following is added to form CG 20 26 07 04:

King County
King County Mental Health Chemical Abuse and Dependency

Services its officers, officials, employees or agents 401 5th Ave., Suite 400

Seattle, WA 98104

King County Community Services Division ,its officers, officials, employees or agents

401 Fifth Ave., Suite 510

Seattle, WA 98104

Seattle & King County

Department of Public Health, its officers, officials,

employees or agents 401 5th Ave., Suite 1300

Seattle, WA 98104

Downtown YMCA

909 4th Ave.

Seattle, WA 98104

Seattle Office of Housing

P.O. Box 94725 Seattle, WA 98124

City of Redmond

P.O. Box 97010

Redmond, WA 98073

Federal Way Public Schools

33330 8th Ave. S

Federal Way, WA 98003

Kent School District

12033 SE 256th St. A-300

Kent, WA 98030



Seattle, WA 98119

SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT NO. <u>4</u>

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME) NAMED INSURED		AGENT NO.	
OPS1586173	10/12/2022	Therapeutic Health Services and THS One	Negley Associates	
			29518	

n consideration of the premium charged the following is added to form CG 20 26 07 04:
United Behavioral Health
425 Market St., 14th Floor
San Francisco, CA 94105
City of Seattle, Risk Management Division
P.O. Box 94669
700 5th Ave., Suite 4350
Seattle, WA 98124
North Sound BH-ASO
2021 E. College Way, Suite 101
Mount Vernon, WA 98273
King County
Dept. of Public Defense
401 5th Ave., Suite 213
Seattle, WA 98104
Seattle Public Schools
Partnerships Office
2445 Third Ave. S.
Seattle, WA 98134
City of Issaquah
P.O. Box 1307
Issaquah, WA 98027
Seattle Pacific University
Attn: Nick Glancy
3307 Third Ave. West