



THERHEA-01

TODELL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2024

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 MHT Insurance 1904 Third Ave Suite 714 Seattle, WA 98101-1100	CONTACT NAME: Thomas Odell	
	PHONE (A/C, No, Ext): (206) 552-7578	FAX (A/C, No): (206) 622-9727
	E-MAIL ADDRESS: teodell@mhtinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Scottsdale Insurance Co.	41297
INSURED Therapeutic Health Services 1116 Summit Avenue Seattle, WA 98101-2831	INSURER B : Great American Ins Co. A XII	26344
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	X	OPS15869610	10/12/2024	10/12/2025	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> Incl Prof Liability						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER:						PERSONAL & ADV INJURY \$ 5,000,000
							GENERAL AGGREGATE \$ 5,000,000
							PRODUCTS - COMP/OP AGG \$ 5,000,000
							SEXUAL ABUSE \$ 2,000,000
B	AUTOMOBILE LIABILITY	X	X	CAP5563560-17-00	10/20/2023	10/20/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	X	X	EXC 5563561-19	10/12/2024	10/12/2025	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			OPS15869610	10/12/2024	10/12/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Sexual Abuse			OPS15869610	10/12/2024	10/12/2025	Each Claim 2,000,000
A	Sexual Abuse	X		OPS15869610	10/12/2024	10/12/2025	Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
King County is named additional insured per attached endorsements

CERTIFICATE HOLDER

CANCELLATION

King County King County Behavioral Health and Recovery Division 401 5th Ave Suite 400 Seattle, WA 98104	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

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS1586696	10/12/2024	Therapeutic Health Services and THS One	Negley Associates 29518

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED (VICARIOUS)—DESIGNATED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY COVERAGE PART

SCHEDULE

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

In consideration of the premium charged, the coverage afforded under the Coverage Part is extended to the Person or Organization listed above as an Additional Insured but only for any vicarious liability imposed upon the Additional Insured for the negligence of the Named Insured.

Coverage for the Person or Organization listed above does not apply unless the liability of such Additional Insured arises from the negligence of the Named Insured while the Named Insured is performing services directly for such Additional Insured.

Vicarious liability coverage for the Additional Insured listed in this endorsement will apply only when a **CLAIM** or **SUIT** for **DAMAGES** resulting from a **WRONGFUL ACT** is also made and continuously maintained against the Named Insured for the Named Insured's negligence.

There is no coverage for the Person or Organization listed above for its sole negligence.

All other terms and conditions of this policy remain unchanged.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS1586696	10/12/2024	Therapeutic Health Services and THS One	Negley Associates 29518

In consideration of the premium charged the following is added to form CLS-581-PROCM (06-24)

City of Bellevue
Human Services 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.

King Co. Dept. of Judicial Admin, its officers, officials,
employees or agents,
King County Court House
516 3rd Ave. #E609
Seattle, WA 98104

King County Community Services Division,
its officers, officials, employees or agents
401 Fifth Ave., Suite 510
Seattle, WA 98104

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS1586696	10/12/2024	Therapeutic Health Services and THS One	Negley Associates 29518

In consideration of the premium charged the following is added to form CLS-581-PROCM (06-24)

Seattle & King County
Department of Public Health, its officers, officials,
employees or agents
401 5th Ave., Suite 1300
Seattle, WA 98104

City of Redmond
Attn: Project Administrator
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

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

Seattle Public Schools
Partnerships Office
2445 Third Ave. S.
Seattle, WA 98134

Seattle Pacific University
Attn: Nick Glancy
3307 Third Ave. West
Seattle, WA 98119

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS1586696	10/12/2024	Therapeutic Health Services and THS One	Negley Associates 29518

In consideration of the premium charged the following is added to form CLS-581-PROCM (06-24)

Verdant
4710 196th St.
Lynwood, WA 98036

City of Renton
Attn: Dianne Utecht, Human Services
1055 South Grady Way
Renton, WA 98057

City of Sammamish
801 228th Ave., SE
Sammamish, WA 98075

King County Behavioral Health and Recovery Division
401 5th Ave., Suite 500
Seattle, WA 98104

Snohomish County Juvenile Courts
3000 Rockefeller Ave.
Everett, WA 98201

Snohomish County, Sheriff Office
3000 Rockefeller Ave. M/S 606
Everett, WA 98201

Snohomish School District
1601 Ave D
Snohomish, WA 98290

Solid Ground Washington
1501 North 45th St.
Seattle, WA 98103

Washington Dept. of Community Trade and Economic
Development
1101 Plum St., SE
Olympia, WA 98504

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS1586696	10/12/2024	Therapeutic Health Services and THS One	Negley Associates 29518

In consideration of the premium charged the following is added to form CLS-581-PROCM (06-24)

City of Kent
400 West Gowe
Kent, WA 98032

Public Health Seattle & King County
Jail Health Services
401 5th Ave., Suite 1000
Seattle, WA 98104

Cocoon House
3530 Colby Ave.
Everett, WA 98201

King County Regional Homelessness Authority
Yesler Way, Suite 600
Seattle, WA 98104

Washington State Department of Commerce
1011 Plum Street SE
Olympia, WA 98504

Washington State Department of Commerce
686 8th Ave. SE
Olympia, WA 98501

Edmonds School District
20420 68th Ave. West
Lynwood, WA 98036

Sound Community Bank ISAOA
2400 3rd Ave., Suite 150
Seattle, WA 98121

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS1586696	10/12/2024	Therapeutic Health Services and THS One	Negley Associates 29518

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

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Seattle Housing Authority P.O. Box 19028 Seattle, WA 98109
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.

Coverage does not apply for any additional insured under this policy unless the liability of such additional insured arises from acts or omissions of the Named Insured while the Named Insured is performing services directly for such additional insured.

This insurance does not apply to the sole acts, errors or omissions of the additional insured. 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. Coverage for the additional insured listed in this endorsement will apply only when a claim or “suit” for “bodily injury” or “property damage” or “personal and advertising injury” is also made and continuously maintained against the Named Insured for the Named Insured’s acts or omissions or the acts or omissions of those acting on behalf of the Named Insured which give rise to the liability of the additional insured.

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;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.

All other terms and conditions remain as stated in the policy.

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ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS1586696	10/12/2024	Therapeutic Health Services and THS One	Negley Associates 29518

In consideration of the premium charged the following is added to form CLS-577-CGL(6-24):

Snohomish County, its Officers, Elected Officials,
Agents and Employees
3000 Rockefeller Ave., MS 305
Everett, WA 98201

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.

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

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

Seattle Office of Housing
P.O. Box 94725
Seattle, WA 98124

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In consideration of the premium charged the following is added to form CLS-577-CGL(6-24):

Federal Way Public Schools
33330 8th Ave. S
Federal Way, WA 98003

Kent School District
12033 SE 256th St. A-300
Kent, WA 98030

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

Verdant
4710 196th St.
Lynwood, WA 98036

City of Renton
Attn: Dianne Utecht, Human Services
1055 South Grady Way
Renton, WA 98057

City of Sammamish
801 228th Ave., SE
Sammamish, WA 98075



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In consideration of the premium charged the following is added to form CLS-577-CGL(6-24):

King County Behavioral Health and Recovery Division
401 5th Ave., Suite 500
Seattle, WA 98104

Snohomish County Juvenile Courts
3000 Rockefeller Ave.
Everett, WA 98201

Snohomish County, Sheriff Office
3000 Rockefeller Ave. M/S 606
Everett, WA 98201

Snohomish School District
1601 Ave D
Snohomish, WA 98290

Solid Ground Washington
1501 North 45th St.
Seattle, WA 98103

Washington Dept. of Community Trade and Economic
Development
1101 Plum St., SE
Olympia, WA 98504

City of Kent
400 West Gowe
Kent, WA 98032

Public Health Seattle & King County
Jail Health Services
401 5th Ave., Suite 1000
Seattle, WA 98104

Cocoon House
3530 Colby Ave.
Everett, WA 98201

Certificate Copy

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS1586696	10/12/2024	Therapeutic Health Services and THS One	Negley Associates 29518

In consideration of the premium charged the following is added to form CLS-577-CGL(6-24):

King County Regional Homelessness Authority
Yesler Way, Suite 600
Seattle, WA 98104

Washington State Department of Commerce
1011 Plum Street SE
Olympia, WA 98504

Washington State Department of Commerce
686 8th Ave. SE
Olympia, WA 98501

Edmonds School District
20420 68th Ave. West
Lynwood, WA 98036

Sound Community Bank ISAOA
2400 3rd Ave., Suite 150
Seattle, WA 98121

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**ADDITIONAL INSURED—DESIGNATED PERSON OR ORGANIZATION INCLUDING
PRIMARY NONCONTRIBUTORY CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
King County, its officers, officials, employees or agents are covered as additional insureds as respects to liability arising out of activities performed by or on behalf of the Insured.
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, there is no coverage for the person(s) or organization(s) shown in the Schedule for its sole acts or omissions.

B. Coverage does not apply for any additional insured under this policy unless the liability of such additional insured arises from acts or omissions of the Named Insured while the Named Insured is performing services directly for such additional insured.

This insurance does not apply to the sole acts, errors or omissions of the additional insured.

C. Coverage for the additional insured listed in this endorsement will apply only when a claim or “suit” for “bodily injury” or “property damage” or “personal and advertising injury” is also made and continuously maintained against the Named Insured for the Named Insured’s acts or omissions or the acts or omissions of those acting on behalf of the Named Insured which give rise to the liability of the additional insured.

D. The following Condition is added:

Coverage is afforded to the person(s) or organization(s) indicated in the Schedule above on a primary, noncontributory or primary and noncontributory basis when and as agreed to in writing in a contract or agreement between you and the person(s) or organization(s) indicated in the Schedule above.

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

All other terms and conditions remain as stated in the policy.

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ADDITIONAL INSURED (VICARIOUS)—DESIGNATED PERSON OR ORGANIZATION INCLUDING PRIMARY NONCONTRIBUTORY CONDITION

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

King County, its officers, officials, employees or agents are covered as additional insureds as respects to liability arising out of activities performed by or on behalf of the insured.

- A.** In consideration of the premium charged, coverage is extended to the Person or Organization shown in the Schedule as an Additional Insured but only for any vicarious liability imposed upon the Additional Insured for the negligence of the Named Insured.

Coverage for the Person or Organization shown in the Schedule does not apply unless the liability of such Additional Insured arises from acts or omissions of the Named Insured while the Named Insured is performing services directly for such Additional Insured.

There is no coverage for the Person or Organization shown above for its sole negligence.

- B.** Vicarious liability coverage for the Additional Insured shown in this endorsement will apply only when a **CLAIM** or **SUIT** for **DAMAGES** resulting from a **WRONGFUL ACT** is also made and continuously maintained against the Named Insured for the Named Insured's negligence.

- C.** The following Condition is added:

Coverage is afforded to the Person or Organization indicated in the Schedule above on a primary, noncontributory or primary and noncontributory basis when and as agreed to in writing in a contract or agreement between you and the Person or Organization shown in the Schedule above.

All other terms and conditions of this policy remain unchanged.