CONTRACT AMENDMENT C

This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, through Kitsap County, as its administrative entity, a political subdivision of the State of Washington, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "SBHASO", and Prest and Associates LLC., hereinafter "CONSULTANT."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-007-20, and executed on April 9, 2020, amended on February 11, 2021, and January 3, 2022, shall be amended as follows:

- 1. **Page 1: Term of Agreement** is amended to reflect: January 1, 2020 December 31, 2023.
- 2. Page 4: Section 8: Term is amended to reflect: January 1, 2020 December 31, 2023.
- 3. If this Contract Amendment extends the expiration date of the Contract, then the Consultant shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Consultant shall submit the certificate of insurance to:

Program Lead, Salish Behavioral Health Administrative Services Organization Kitsap County Department of Human Services 614 Division Street, MS-23 Port Orchard, WA 98366

Upon receipt, the Human Services Department will ensure the 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 January 1, 2023.

IN WITNESS WHEREOF, this Agreement has been executed by each party to be effective as of the date first above written.

SALISH BEHAVIORAL HEALTH:

ADMINISTRATIVE SERVICES

SERVICES QRGANIZATION By Kitsap

Board of Commissioners, Its

Administrative Entity

By:/

Doug Washburn, Director

Department of Human Services

PREST & ASSOCIATES, LLC:

By:

Nicole Long

General Manager

02/27/2023

Date

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/11/2022

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)

| | SUBROGATION IS WAIVED, subject his certificate does not confer rights to | | | | | | require an endorsement | . As | atement on | |
|---|--|-----------------------------------|---|-----------------|--|--|--|----------|------------|--|
| | DUCER | | | CONTAC NAME: | | <u> </u> | | | | |
| MARSH USA INC. | | | | | PHONE FAX | | | | | |
| 540 W. MADISON CHICAGO, IL 60661 | | | | | (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: | | | | | |
| | | | | 7.557.25 | | SURER(S) AFFOR | RDING COVERAGE | | NAIC# | |
| CN107986719-EWC-GAWUE-22-23 | | | | | INSURER A: Travelers Property Casualty Company Of America | | | | 25674 | |
| INSURED Prest & Associates, LLC | | | | | INSURER B: Ironshore Specialty Insurance Company | | | | 25445 | |
| 401 Charmany Drive, Suite 305 | | | | | INSURER C: | | | | | |
| | Madison, WI 53719 | | | INSURE | R D : | | | | | |
| | | | | INSURE | RE: | | | | | |
| Ļ | | | | INSURE | | | | | | |
| | | | NUMBER: | | -009045121-32 | | REVISION NUMBER: 3 | 15 DOI | IOV PERIOR | |
| IN C E | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FOR A SUCH FOR THE PROPERTY OF SUCH FOR THE P | QUIREMEI PERTAIN, POLICIES. | NT, TERM OR CONDITION THE INSURANCE AFFORD | OF ANY | Y CONTRACT THE POLICIE REDUCED BY | OR OTHER I S DESCRIBEI PAID CLAIMS | DOCUMENT WITH RESPEC | ст то | WHICH THIS | |
| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | | LIMIT | s | | |
| Α | X COMMERCIAL GENERAL LIABILITY | | Y-660-8N860278-TIL-22 | | 07/28/2022 | 07/28/2023 | EACH OCCURRENCE DAMAGE TO RENTED | \$ | 1,000,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | PREMISES (Ea occurrence) | \$ | 1,000,000 | |
| | | | | | | | MED EXP (Any one person) | \$ | 5,000 | |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | ^ POLICY JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | |
| Α | OTHER: AUTOMOBILE LIABILITY | | 810-8N78474A-22-14-G | | 07/28/2022 | 07/28/2023 | COMBINED SINGLE LIMIT | \$ \$ | 1,000,000 | |
| " | X ANY AUTO | | 010 0111 011 111 22 11 0 | | OTTE OTE OFF | 0112012020 | (Ea accident) BODILY INJURY (Per person) | \$ \$ | 1,000,000 | |
| | OWNED SCHEDULED | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | PROPERTY DAMAGE | \$ | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | (Per accident) | \$ | | |
| Α | X UMBRELLA LIAB X OCCUR | | CUP-8N891415-22-14 | | 07/28/2022 | 07/28/2023 | EACH OCCURRENCE | \$ | 5,000,000 | |
| | EXCESS LIAB CLAIMS-MADE | | | | 0772072022 | | AGGREGATE | \$ | 5,000,000 | |
| | DED RETENTION\$ | | | | | | ACCILCATE | \$ | | |
| Α | WORKERS COMPENSATION | | UB-8N782978-22-14-E | | 07/28/2022 | 07/28/2023 | X PER OTH- | <u> </u> | | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | (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 | \$ | 1,000,000 | |
| В | Managed Care E&O | | HC7CACBQYA002 | | 07/28/2022 | 07/28/2023 | Per Claim/Aggregate | | 10,000,000 | |
| | | | | | | | SIR | | 500,000 | |
| | | | | | | | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ence of Insurance | ES (ACORD | 101, Additional Remarks Schedu | le, may be | attached if mor | e space is requir | ed) | | | |
| LVICE | ance of insurance | | | | | | | | | |
| | PTIEICATE HOLDED | | | 04110 | TILATION | | | | | |
| CE | RTIFICATE HOLDER | | CANCELLATION | | | | | | | |
| Prest & Associates, LLC 401 Charmany Drive Suite 305 Madison, WI 53719 | | | | | 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 | | | | | |

Marsh USA Inc.

AGENCY CUSTOMER ID: CN107986719

LOC #: Chicago



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

| AGENCY MARSH USA INC. | NAMED INSURED Prest & Associates, LLC 401 Charmany Drive, Suite 305 | | | | |
|-----------------------|---|-----------------|--|--|--|
| POLICY NUMBER | Madison, WI 53719 | | | | |
| CARRIER | NAIC CODE | | | | |
| | | EFFECTIVE DATE: | | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Cyber Liability
Policy Number: MTP903247

Policy Number: MTP9032479 07 Insurer: Indian Harbor Insurance Company

Effective Date: 07/28/2022 Expiration Date: 07/28/2023 Limit: \$5,000,000

Policy Number: EO5NAA6EEV008 Insurer: Liberty Surplus Ins Co Effective Date: 07/28/2022 Expiration Date: 07/28/2023 Limit: \$5,000,000 X \$5,000,000

Managed Care Services is defined in the policy as: any services (including without limitation medical assessments, independent medical examinations, utilization review, utilization management, peer review, bill review, litigation support and forensic review, fraud and abuse review, external review under PPACA, ERISA review, witness testimony, functional capacity examinations, set-aside services, network management, credentialing, and any other related services) or activities performed in the administration, evaluation, review or management of health care, consumer directed health care, behavioral health, prescription drug, dental, vision, long or short term disability, automobile medical payment, or workers' compensation plans, liability program or plans, or as part of a medico-legal claim, whether provided on paper, in person, electronically, or in any other form and whether performed on behalf of the insured or by the insured for itself or on behalf of any other party for a fee.

Exclusions Search Results: Entities 9

No Results were found for

• PREST and Associates, LLC

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 2/7/2023 5:56:21 PM EST on OIG LEIE Exclusions database. Source data updated on 1/10/2023 12:00:00 PM EST Return to Search