

**INTERLOCAL AGREEMENT
KITSAP COUNTY
AND
PORT GAMBLE S'KLALLAM TRIBE
KC-044-22-C**

**AGREEMENT AMENDMENT
C**

This Interlocal Agreement between Kitsap County and the Port Gamble S'Klallam Tribe for Senior Nutrition Services (this "Agreement") is entered into by Kitsap County (the "County"), a municipal corporation and political subdivision of the State of Washington, and the Port Gamble S'Klallam Tribe (the "Tribe"), a federally recognized Indian Tribe, effective January 1, 2022.

In Consideration of the mutual benefits and covenants contained herein, the parties agree that their Interlocal Agreement, numbered as Kitsap County Contract No. KC-044-22, and executed on March 14, 2022, amended on December 5, 2022, December 11, 2023 and shall be amended as follows:

- 1. Agreement, Item 5. Term** shall be amended as follows: The Agreement will be effective on January 1, 2022 and the termination date is extended from August 31, 2024 to December 31, 2024. In no event will the Agreement become effective unless and until it is approved and executed.
- 2. Exhibit D: Certificate of Insurance** shall be amended in the entirety.

This amendment shall be effective upon execution.

IN WITNESS WHEREOF, THE PARTIES HAVE SUBSCRIBED THEIR NAMES HERETO ON THE DATES SET FORTH BELOW.

Dated this 14 day of Oct, 2024

Dated this ___ day of _____, 2024

BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON

Katherine T. Walters

Katherine T. Walters, Chair

Christine Rolfes

Christine Rolfes, Commissioner

Charlotte Garrido

Charlotte Garrido, Commissioner

ATTEST:

Minnille for

Dana Daniels, Clerk

Date: 10/14/24

PORT GAMBLE S'KLALLAM TRIBE

Amber Caldera

Amber Caldera, Tribal Council Chairwoman



EXHIBIT D: CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/12/2024

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 Arthur J. Gallagher Risk Management Services, LLC 1501 Market Street, Suite 250 Tacoma WA 98402	CONTACT NAME: Martha Reeve PHONE (A/C, No. Ext): 253-627-7183 FAX (A/C, No.): 253-572-1430 E-MAIL ADDRESS: Martha.Reeve@ajg.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Amerind Risk Management Corp</td> <td></td> </tr> <tr> <td>INSURER B : StarNet Insurance Company</td> <td>40045</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(S) AFFORDING COVERAGE	NAIC #	INSURER A : Amerind Risk Management Corp		INSURER B : StarNet Insurance Company	40045	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURED Port Gamble S'Klallam Tribe Attn: Greg Trueb, CFO 31912 Little Boston Rd NE Kingston WA 98346	PORT/GAM-01													

COVERAGES **CERTIFICATE NUMBER:** 1097859985 **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.

PER LTR	TYPE OF INSURANCE	ADDL SUBS INSD. CODE	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		TG10000671-02	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Excludes auto) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		PC9501003-11	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Per 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 <input type="checkbox"/> RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY PARTNER/EXECUTIVE OF POLICYHOLDER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 991, Additional Remarks Schedule, may be attached if more space is required)
 RE: Division of Aging & Long Term Care Nutrition Program.
 Kitsap County and its officials, officers, employees, and agents are additional insured as required by written contract and/or agreement are named as additional insured as respects General Liability Policy.

CERTIFICATE HOLDER Kitsap County Dept of Personnel & Human Services 814 Division Street, MS 23 Port Orchard WA 98366487	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
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