

**CONTRACT NO. KC-128-25-A
CONTRACT AMENDMENT**

This Contract Amendment ("Amendment") is between Kitsap County, a Washington state political subdivision, having its principal offices at 614 Division Street, Port Orchard, Washington 98366 ("County") and **Saint Vincent de Paul, Conference of Our Lady Star of The Sea**, a Washington Non-Profit Organization having its principal offices at **1117 North Callow Avenue, Bremerton, Washington, 98312** ("Grantee").

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-128-25 ("Contract") executed on March 24, 2025, is amended as follows:

1. **Section 1.B Term** shall be amended as follows:

Contract is extended from December 31, 2028 to December 31, 2029. This Agreement new term will take effect on January 1, 2025, and terminate on December 31, 2029.

2. **Section 2.A Grant Amount** shall be amended as follows:

The original contract was for \$351,561. This amendment adds \$1,765,388, for a new total of \$2,116,949.

3. **EXHIBIT A: Scope of Work** shall be replaced in its entirety.

4. **EXHIBIT B: Project Timeline** shall be replaced in its entirety.

5. **EXHIBIT C: BUDGET** shall be replaced in its entirety.

Insurance. If this 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: Kitsap County Risk Management Division, 614 Division Street, MS-7, Port Orchard, WA 98366

Terms Unchanged. Except as expressly provided in this Amendment, all other terms and conditions of the original Agreement, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

Authorizations. The signatories to this Amendment represent that they have been appropriately authorized to enter into this Amendment on behalf of the Party for whom they sign, and that no further action or approvals are necessary before execution of this Amendment.

Counterparts/Electronic Signature. The Contract may be executed in several counterparts, each of which will be deemed an original, but all of which together will constitute one and the same agreement. A facsimile, email, or other electronically delivered signatures of the parties shall be deemed to constitute original signatures and deemed to constitute duplicate originals.

Signature on next page

This Contract Amendment shall be effective upon execution by the parties.

Dated this 12 day of Feb, 2026 Dated this 25 day of February, 2026.

**GRANTEE: Saint Vincent de Paul,
Conference of Our Lady Star of The
Sea**

KITSAP COUNTY, WASHINGTON



Signature
Joseph Cravin

Name
Executive Director

Title



VICTORIA BRAZITIS, County Administrator

N/A

KC-128-25-A
Kitsap UEI: LD6MNJ62JQD1

Kitsap County Face Sheet

For Sub-recipient Contracts Using Federal Awards

CFR 200.332 Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information provided below. A pass-through entity must provide the best available information when some of the information below is unavailable. A pass-through entity must provide unavailable information when it is obtained. Required information includes:

(Fill in)

Subrecipient's unique entity identifier:

Federal Award Identification Number (FAIN):

Federal Revenue Award Date:

Subaward Period of Performance Start and End Date:

Check to verify the information is in contract:

- Subrecipient's name (must match the name associated with its unique entity identifier):
- Federal award identification:
- Subaward Budget Period Start and End Date:
- Amount of Federal Funds Obligated in the subaward:
- Amount of Federal Funds Obligated to the sub by the pass-through entity, including the current financial obligation:
- Total Amount of the Federal Award committed to the subrecipient by the pass-through entity:
- Federal award project description, as required by the Federal Funding Accountability and Transparency Act (FFATA):
- Name of the Federal agency, pass-through entity, and contact information for awarding official of the pass-through entity:
- Dollar amount made available under each Federal award and the Assistance Listings Number at the time of disbursement:
- Indirect cost rate for the Federal award (including if the de minimis rate is used in accordance with § 200.414):

Exhibit A – Scope of Work

<i>Project Details</i>	
Project Name	SVdP Campus Revitalization Phase 1- NKA (SVdP’s “Star of Hope” Project) – Transitional and Supportive Housing
Funded Amount	\$351,561
Policy Plan Year	2025
Eligible Activity	New Construction
Service Area	Kitsap County
Project Address/Location	1127 N Callow Street - Parcel # 152401-1-160-2004 1129 N Callow Street - Parcel # 152401-1-161-2003 1133 N Callow Street - Parcel # 152401-1-220-2002 1128 N Wycoff Avenue - Parcel # 152401-1-159-2007 1130 N Wycoff Avenue- 1136 N Wycoff Avenue - Parcel # 152401-1-218-2006
Eligible Target Population	<u>Income:</u> 0-30% AMI <u>Characteristic:</u> Homeless or at risk of homelessness

Description of Scope

This development will provide 38 units of affordable housing tailored to support women and children facing adversity. The new building will include 16 studio units, 19 one-bedroom units, and 3 two-bedroom units. These units will be split into 10 transitional units and 28 permanent supportive housing units, addressing the needs of vulnerable individuals, including women transitioning from the Washington Corrections Center for Women and those eligible for Washington’s Apple Health & Home program, which assists chronically homeless individuals with significant housing barriers.

Performance Measures

1. Construct 10 units of transitional housing.
2. Construct 28 units of permanent supportive housing.

Exhibit B – Project Timeline

KC-128-25-A
Kitsap UEI: LD6MNJ62JQD1

2026 Project Timeline

List the specific tasks to complete and manage this project, including the start and end dates for each task. The tasks include such things as obtaining other funding/financing, bidding process, identifying clients, marketing, planning and permit process, construction, environmental review, rent-up or project completion, site control, market studies, relocation, community meetings (if applicable).

Category	Task	Date Completed or Expected Date of Completion	Notes
Site Control	Purchase / Sale Agreement Option	4/8/2024	For two additional parcels. The remainder of the site already owned by SVdP
	Acquisition Closing	7/8/2024	Completed as scheduled - additional two parcels
Feasibility	Site Survey	11/23 & 4/24	Boundary line adjustment/consolidation of lots in progress
	Market Study	9/6/2024	Not formally completed yet
	Phase 1 Environmental Review	5/24	Phase II recommended
	Phase 2 Environmental Review	7/24	Completed
	SEPA	8/15/25	With permit application
	NEPA	9/15/25	Initiated

Exhibit B – Project Timeline

KC-128-25-A
Kitsap UEI: LD6MNJ62JQD1

	Neighborhood Notification	4/8/24 - In Progress	Meeting/outreach has been conducted through SVdP at a 4/24 Town Hall. SVdP to continue engagement with Neighborhood/Stakeholders
	Relocation of Existing Tenants	N/A	
Relocation	Planning and Budget	N/A	
	Negotiations	N/A	
	90-day Notice	N/A	
	Tenant move-out	N/A	
Financing	Appraisal	4/16/24	
	Financial underwriting	10/1/2026 – 11/1/2026	
	Application for funding (Specify sources)	1/15/2024 – State Appropriation 7/16/24 – Kitsap County 9/18/24 – WA State HTF 7/15/25 – Kitsap County (reapply) 9/15/25 – WA State HTF (reapply)	
	Construction/Rehabilitation Estimate	8/24 3/25	
	Lender Selection	NA- Not Tax Credit	

Exhibit B – Project Timeline

KC-128-25-A
Kitsap UEI: LD6MNJ62JQD1

	Funding for services	3/1/27	
	Award Dates of awarded funds (Specify sources)	3/7/2024- State Appropriation 11/15/2024 Kitsap County CIAH & MHCDC 11/2025 Kitsap CIAH 10/2025 WA HTF WA State Appropriation 2025 WA State CHIP	All Awarded: WA State Legislative appropriation \$1,000,000. Kitsap County -\$351,561- CIAH, \$1,765,388- CIAH \$120,001 MHCDC \$1,600,000-MHCDC WA State HTF- \$7,750,000 WA State Appropriation \$1,470,000 WA State CHIP -\$1,000,000
Design/Permitting	Preliminary drawings completed	3/24	Preliminary Renderings and floor plans completed – we are now in the Construction Document phase
	Zoning approval	2/2022	
	Site plan approval	4/26	
	Building permit applications submitted	4/26	
	Building permits issued	7/26	
	Final plans and specs completed	7/26	

Exhibit B – Project Timeline

KC-128-25-A
Kitsap UEI: LD6MNJ62JQD1

Construction/Rehabilitation	General contractor selected	8/24	
	Begin construction/rehab	10/26	
	Issue certification of occupancy	10/27	
Occupancy	Selection of management entity	NA	SVdP
	Selection of service providers	NA	SVdP
	Begin lease-up	4/27	
	100% lease-up	10/27	
	Placed in service	4/27	

Exhibit C - Budget

2026 Capital Project Budget					
Organization Name:	St. Vincent de Paul				
Program:	SVdP Rental Housing				
Square Footage:	26350				
Enter the estimated costs associated with your project from CGAP Sources and Other Funds					
	Requested CGAP Funds	Non-CGAP Funds	Estimated Costs	Cost per Square Foot	Cost as % of Total
Acquisition Costs					
Purchase Price			\$ -	\$0.00	0.00%
Land		\$ 320,000	\$ 320,000	\$12.14	1.74%
Improvements			\$ -	\$0.00	0.00%
Liens and Other Taxes			\$ -	\$0.00	0.00%
Closing/Recording		\$ 12,000	\$ 12,000	\$0.46	0.07%
Extension Fees			\$ -	\$0.00	0.00%
Other: LAP Loan Fee		\$ 2,500	\$ 2,500	\$0.09	0.01%
Other: Acquisition Legal		\$ 15,000	\$ 15,000	\$0.57	0.08%
SUBTOTAL	\$0	\$ 349,500	\$ 349,500	\$ 13.26	1.90%
Construction/Rehab. Costs					
Off-site Work			\$ -	\$0.00	0.00%
On-site Work -			\$ -	\$0.00	0.00%
Site Remediation		\$ 20,000	\$ 20,000	\$0.76	0.11%
Demolition			\$ -	\$0.00	0.00%
Commercial Space/Building	\$ 3,836,950	\$ 8,626,175	\$ 12,463,125	\$472.98	67.81%
Common Use Facilities			\$ -	\$0.00	0.00%
Elevator			\$ -	\$0.00	0.00%
Laundry Facilities			\$ -	\$0.00	0.00%
Storage/Garages			\$ -	\$0.00	0.00%
Landscaping			\$ -	\$0.00	0.00%
General Conditions			\$ -	\$0.00	0.00%
Contractor Liability Insurance			\$ -	\$0.00	0.00%
Contractor Overhead			\$ -	\$0.00	0.00%
Contractor Profit			\$ -	\$0.00	0.00%
Contingency		\$ 623,156	\$ 623,156	\$23.65	3.39%
FF&E (Common Area Furnishings)			\$ -	\$0.00	0.00%
Internet Wiring & Equipment			\$ -	\$0.00	0.00%
Performance Bond Premium			\$ -	\$0.00	0.00%
Other: Const. Testing		\$ 120,000	\$ 120,000	\$4.55	0.65%
Other: Sales Tax		\$ 1,203,938	\$ 1,203,938	\$45.69	6.55%
SUBTOTAL	\$3,836,950	\$ 10,593,269	\$ 14,430,219	\$ 547.64	78.51%
Development Costs					
Utility Connection & Impact Fees		\$ 436,209	\$ 436,209	\$16.55	2.37%
Development/Building Permit Fees			\$ -	\$0.00	0.00%
System Development Charges			\$ -	\$0.00	0.00%
Market Study		\$ 5,000	\$ 5,000	\$0.19	0.03%
Environmental Report		\$ 30,000	\$ 30,000	\$1.14	0.16%
Lead Based Paint Report			\$ -	\$0.00	0.00%
Power Delivery			\$ -	\$0.00	0.00%
Soils Report (Geotechnical)		\$ 15,000	\$ 15,000	\$0.57	0.08%
Survey		\$ 40,000	\$ 40,000	\$1.52	0.22%
Marketing/Management			\$ -	\$0.00	0.00%
Insurance		\$ 115,000	\$ 115,000	\$4.36	0.63%
Other:		\$ 15,200	\$ 15,200	\$0.58	0.08%
Other: Operating Reserve		\$ 164,082	\$ 164,082	\$6.23	0.89%
SUBTOTAL	\$0	\$ 820,491	\$ 820,491	\$ 31.14	4.46%
General Fees					
Architectural - Design		\$ 1,415,000	\$ 1,415,000	\$53.70	7.70%
Architectural - Construct. Supervision			\$ -	\$0.00	0.00%
Engineering			\$ -	\$0.00	0.00%
Legal/Accounting		\$ 35,000	\$ 35,000	\$1.33	0.19%
Cost Certification			\$ -	\$0.00	0.00%
Appraisals			\$ -	\$0.00	0.00%
Special Inspections/Testing			\$ -	\$0.00	0.00%
Developer Fee		\$ 500,000	\$ 500,000	\$18.98	2.72%
Consultant Fee			\$ -	\$0.00	0.00%
Project Management Fee		\$ 500,000	\$ 500,000	\$18.98	2.72%
Other: Soft Cost Contingency		\$ 149,244	\$ 149,244	\$5.66	0.81%
Other: Other Consultants		\$ 120,000	\$ 120,000	\$4.55	0.65%
Other: RE Taxes		\$ 10,000	\$ 10,000	\$0.38	0.05%
Other:		\$ 50,756	\$ 50,756	\$1.93	0.28%
SUBTOTAL	\$0	\$ 2,780,000	\$ 2,780,000	\$ 105.50	15.12%
Project Budget Costs Subtotal:	\$3,836,950.00	\$ 14,543,260	\$ 18,380,210	\$697.54	100.00%
TOTAL PROJECT COST (Budget+Financing):	\$3,836,950.00	\$ 14,543,260	\$ 18,380,210	\$697.54	100.00%

2026 Sources of Financing - All Project Funding Sources				
Organization Name:		St. Vincent de Paul		
Program:		SVdP Rental Housing		
Funding Source	Requested	Conditional	Committed	TOTAL
Total CGAP Requested Funds (CDBG, HOME, MHCDC, CIAH)	3,836,950			\$ 3,836,950
Total Requested Funds	\$ 3,836,950	\$ -	\$ -	\$ 3,836,950
Federal				
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Total Federal	\$ -	\$ -	\$ -	\$ -
State				
State HTF	7,750,000			\$ 7,750,000
State Appropriation 2024			970,000	\$ 970,000
State Appropriation 2025			1,470,000	\$ 1,470,000
CHIP	1,000,000			
WSU Community Solar	60,000			
				\$ -
Total State	\$ 8,810,000	\$ -	\$ 2,440,000	\$ 11,250,000
Local				
				\$ -
				\$ -
				\$ -
				\$ -
Total Local	\$ -	\$ -	\$ -	\$ -
Applicant				
Capital Campaign			3,043,260	\$ 3,043,260
				\$ -
				\$ -
Total Applicant	\$ -	\$ -	\$ 3,043,260	\$ 3,043,260
Private				
Deferred Dev Fee			250,000	\$ 250,000
				\$ -
				\$ -
				\$ -
Total Private	\$ -	\$ -	\$ 250,000	\$ 250,000
In-Kind				
				\$ -
				\$ -
Total In-Kind	\$ -	\$ -	\$ -	\$ -
TOTAL PROJECT FUNDING	\$ 12,646,950	\$ -	\$ 5,733,260	\$ 18,380,210



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/30/2025

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 Risk Program Administrators a subsidiary of Arthur J. Gallagher Risk Management Services, LLC 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: Christian Brothers Services PHONE (A/C, No, Ext): 800-807-0300 E-MAIL ADDRESS:	FAX (A/C, No): 630-378-2508													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Old Republic Insurance Company</td> <td>24147</td> </tr> <tr> <td>INSURER B : Old Republic Union Insurance Company</td> <td>31143</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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Old Republic Insurance Company	24147	INSURER B : Old Republic Union Insurance Company	31143	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURED CHRIBRO-14
 Brothers of the Christian Schools & Affiliates
 LOC #1134003 SOC STVDP CONF OUR LADY STAR OF SEA
 1205 Windham Parkway
 Romeoville IL 60446-1679

COVERAGES

CERTIFICATE NUMBER: 1060067365

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
B	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	822500 1325596	6/15/2025	6/15/2026	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ Included PRODUCTS - COMP/OP AGG \$ Included \$
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 checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	MWTB 21543	6/15/2025	6/15/2026	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 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N 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 \$
B	Excess Automobile Liability	Y	N	822500 1325596	6/15/2025	6/15/2026	Occ/No Agg. \$9,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The certificate holder is added as an additional insured under General Liability per attached endorsement per prior written contract and under Auto Liability per agreement - per attached endorsement. Primary Non-Contributory coverage is provided under the Primary General Liability per prior written contract per the attached endorsement. Coverage is solely, strictly, and specifically with regards to:
 the Homeless Housing Grant. Kitsap County Aging and Long-Term Care (ALTC), the County, its officers, officials, employees and agents, State of Washington, Department of Social & Health Services (DSHS), its Elected and Appointed Officials, agents and employees are included as additional insureds per prior written agreement.

CERTIFICATE HOLDER**CANCELLATION**

Kitsap County Division of Aging and Long Term Care State of Washington - DSHS 614 Division Street, MS-5 Port Orchard WA 98366	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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OLD REPUBLIC UNION INSURANCE COMPANY

Attaching to and forming part of Policy No. 822500 1325596

Named Insured: THE RELIGIOUS AND CHARITABLE RISK POOLING TRUST OF THE BROTHERS OF THE CHRISTIAN SCHOOLS AND AFFILIATES

Effective date of this endorsement is June 15, 2025

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under SECTION II INSURING AGREEMENT C, GENERAL LIABILITY COVERAGE defined within the Coverage Agreement

SECTION 1: Schedule

Name of Additional Insured Persons(s) or Organization(s):	Designated Location(s) Of Covered Operations:
ANY PERSON OR ORGANIZATION WHEN YOU HAVE AGREED IN A WRITTEN CONTRACT FOR THAT PERSON OR ORGANIZATION TO BE ADDED AS AN ADDITIONAL INSURED ON YOUR POLICY.	

If no entry appears above, information required to complete this endorsement will be shown in the Certificate of Coverage as applicable to this endorsement.

Section II Insuring Agreement C -Name of Insured Amended

- A. **Who Is An Insured** defined in the General Insurance Agreement is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule above, but only with respect to liability in the performance of the Named Insured's ongoing operations for the Additional Insured(s) at the Location(s) designated in the Schedule above for "bodily injury" or "property damage", caused in whole or in part, by the Named Insured's acts or omissions which takes place after the execution of a written agreement with the Additional Insured(s).
- B. For the coverage provided by this endorsement: the following paragraph is added to Section IV --General Conditions, Section II, Insuring Agreement C--General Liability.

This insurance is primary insurance as respects to this coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and noncontributory. In that event, we will not seek contribution from any other insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.
- C. **Who Is An Insured** is also amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by the "Named Insured's work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

The most we will pay is the amount of insurance required by the written contract or the amount of applicable limits of insurance under this policy; whichever is less.

This Insurance does not apply to any claims or suits seeking damages, including defense, arising out of, directly or indirectly, from any actual or alleged participation in any act of sexual misconduct, sexual harassment, sexual molestation, sexual abuse or any claim sexual in nature, physical or mental, of any person.

Except as amended in this endorsement, this insurance is subject to all coverage terms, clauses and conditions in the policy to which this endorsement is attached and only applies to the extent permitted by law.

IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

SCHEDULE

Name of Person(s) or Organization(s):

All persons or organizations as required by contract or agreement

With respect to **COVERED AUTOS LIABILITY COVERAGE**, **Who Is An Insured** is changed with the addition of the following:

Each person or organization shown in the Schedule for whom you are doing work is an "insured". But only for "bodily injury" or "property damage" that results from the ownership, maintenance or use of a covered "auto" by:

1. You;
2. an "employee" of yours; or
3. anyone who drives a covered "auto" with your permission or with the permission of one of your "employees".

However, the insurance afforded to the person or organization shown in the Schedule shall not exceed the scope of coverage and/or limits of this policy. Notwithstanding the foregoing sentence, in no event shall the insurance provided by this policy exceed the scope of coverage and/or limits required by the contract or agreement.

PCA 001 10 13

OLD REPUBLIC UNION INSURANCE

ENDORSEMENT No 26

Attaching to and forming part of Policy No. 822500 1325596

Named Insured: THE RELIGIOUS AND CHARITABLE RISK POOLING TRUST OF THE BROTHERS OF THE
CHRISTIAN SCHOOLS AND AFFILIATES

Effective date of this endorsement is June 15, 2025

ADDITIONAL INSURED ENDORSEMENT

It is understood and agreed that the members as on file with Arthur J. Gallagher & Co. and/or ARTEX RISK SOLUTIONS, INC. (A DIVISION OF ARTHUR J. GALLAGHER & COMPANY) are added as Additional Insureds in respect of the coverage as afforded under this Policy.

It is further understood and noted that Brothers of the Christian Schools may issue written confirmation where the Insured or the Insured's members are obligated to provide proof of the cover provided by this Policy to Additional Insured's, Loss Payees and Mortgagors who have an insurable interest in the property or operations of the Insured.

Except as amended in this Endorsement, this insurance is subject to all coverage terms, clauses and conditions in the policy to which this Endorsement is attached.

Debarred Contractors List

A debarred contractor may not bid on, or have a bid considered on, any public works contract. You can search and filter this list using the options presented below.

Company Name: Principal: From: To:
WA UBI Number: RCW: Penalty Due: Wage Due:
License Number:

[Download all debarment data](#)

Show 25 per page Showing 0 records

Company Name	UBI	License	Principals	Related Business	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due
There are no records that match your search criteria.										

Show 25 per page Showing 0 records