

CONTRACT AMENDMENT J

This CONTRACT AMENDMENT is made and entered into between KITSAP COUNTY, a municipal corporation, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "COUNTY", and Stephen Group International, hereinafter "CONTRACTOR."

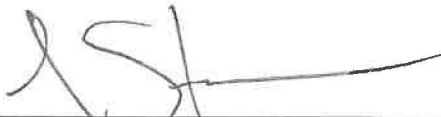
In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-237-20, executed on May 7, 2020, amended on August 31, 2020, December 30, 2020, April 14, 2021, March 3, 2022, June 14, 2022, September 7, 2022, February 16, 2023, December 4, 2023, and April 8, 2024 shall be further amended as follows:

1. The Date of the expiration of the contract is extended from 12/31/2024 to 06/30/2025, for an new term of April 1, 2020 through June 30, 2025.
2. 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 upon execution by the parties

DATED this 12th day March, 2025

STEPHEN GROUP INTERNATIONAL



 Jake Stephen, President

DATED this 26 day March, 2025

**BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON**



CHRISTINE ROLFES, Chair



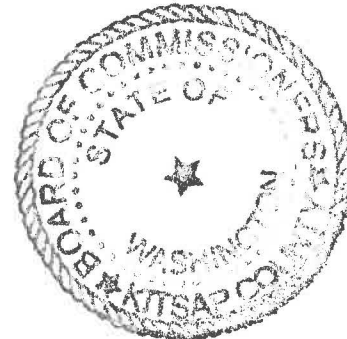
ORAN ROOT, Commissioner



KATHERINE T. WALTERS, Commissioner

ATTEST: 

 Dana Daniels, Clerk of the Board



Approved as to form by the Prosecuting Attorney's Office.



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 <div>25</div> per page	Showing 0 records								First	Previous	Next	Last
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 <div>25</div> per page	Showing 0 records								First	Previous	Next	Last

CERTIFICATE OF LIABILITY INSURANCE

STEPGRO-01

DSTROUSE

DATE (MM/DD/YYYY)
3/25/2024

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 PayneWest Insurance - TAG 14500 SW Barrows Rd, Ste 202 Beaverton, OR 97007		CONTACT NAME PHONE (AC, HQ, Ext) (866) 276-3775 FAX (AC, No) (866) 215-5018 E-MAIL ADDRESS	
INSURED Stephen Group International, LLC PO Box 65429 University Place, WA 98464		INSURER (S) AFFORDING COVERAGE	
		INSURER A: Scottsdale Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
		41297	

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.

LINE	TYPE OF INSURANCE	ADDL RISK	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	X	X	RBS0261918	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PROPERTY (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS & COMPOF ASS \$ 2,000,000 STOP GAP \$ 1,000,000 COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AGGREGATE \$
	GEN'L AGGREGATE LMT ARELIES PER						
	X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/>						
	OTHER						
	AUTOMOBILE LIABILITY						
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> LEASED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/>						
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				
A	Errors & Omissions	X	X	RBS0261918	4/1/2024	4/1/2025	PERL STATUTE <input type="checkbox"/> OTH- ER <input type="checkbox"/>
A	Errors & Omissions	X	X	RBS0261918	4/1/2024	4/1/2025	E1. EACH ACCIDENT \$ E1. DISEASE - EA EMPLOYEE \$ E1. DISEASE - POLICY LIMIT \$
							each claim \$ 1,000,000 aggregate \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is additional insured per GL5578

CERTIFICATE HOLDER

**Kitsap County Department of Human Services
Care of Housing and Homelessness Division
614 Division St MS-23
Port Orchard, WA 98366-4676**

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

ACORD 25 (2016/03)

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