

CONTRACT AMENDMENT B

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 Able Opportunities, Inc. having its principal office at PO Box 468, Hansville, WA 98340 hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract KC-318-23 and executed on July 24, 2023, and amended on January 8, 2024, shall be amended as follows:

1. **Section 4. Compensation:** shall be amended to read as follows:
 - 4.1 The total amount payable under the contract, by the County to the Contractor in no event will exceed \$540,041. Any cost incurred by the Contractor over and above the year-end sums set out on the budgets shall be at the Contractor's sole risk and expense.

The contract increases by \$100,000 from \$440,041 to a new contract total of \$540,041.
2. If this Contract 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:

Kelly Oneal, Developmental Disabilities Coordinator Kitsap County Department of Human Services
614 Division Street, MS-23 Port Orchard, WA 98366.

Upon receipt, the Human Services Department will ensure submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.
3. 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 21st day _____ May, 2024.

DATED this 10 day June, 2024.

CONTRACTOR
Able Opportunities, Inc.

KITSAP COUNTY BOARD OF
COMMISSIONERS



Jennifer White, Director

NOT PRESENT

KATHERINE T. WALTERS, Chair



CHRISTINE ROLFES, Commissioner



CHARLOTTE GARRIDO, Commissioner

ATTEST:



Dana Daniels, Clerk of the Board



Approved as to form by the Prosecuting Attorney's Office



ADDITIONAL REMARKS SCHEDULE

AGENCY Insurance Services Group		NAMED INSURED ABLE OPPORTUNITIES, INC 36375 HANSVILLE ROAD NE HANSVILLE, WA 983400000	
POLICY NUMBER 007314461			
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 12/20/2023	


ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Underinsured Motorist Bodily Injury	\$1,000,000 Combined Single Limit
Underinsured Motorist Property Damage	\$50,000 w/\$100 Ded (\$300 if Hit & Run)
Personal Injury Protection	\$10,000

Liability coverage may not apply to all scheduled vehicles.

MEMORANDUM OF INSURANCE				Date Issued 04/06/2023	
Producer Association Member Benefits Advisors, LLC. In CA dba Assn. Member Benefits & Insurance Agency P.O. Box 14576 Des Moines, IA 50306-3576 1-800-375-2764			This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.		
Insured Able Opportunities, Inc. 36243 Hansville Road NE Hansville, WA 98340			Company Affording Coverage Liberty Insurance Underwriters Inc.		
This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims. The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability and General Liability RehabProf Fm Rehabilitation Counselor	AHY-870096007	06/12/2023	06/12/2024	Per Incident/ Occurrence	\$2,000,000
				Annual Aggregate	\$4,000,000
Memorandum Holder is added as an additional insured, but only as respects to claims arising out of the sole negligence of the Named Insured subject to the terms and provision of the policy. Coverage includes General Liability for Occurrences at 36243 Hansville Road NE Hansville, WA 98340 arising out of the sole negligence of the Named Insured.					
Memorandum Holder: Kitsap County Developmental Disabilities 614 Division St MS 23 Port Orchard WA 98366			Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.		
			Authorized Representative Brad J. Feller		
					




[Home](#) > [Exclusions](#)

Visit our [tips page](#) to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

Exclusions Search Results: Entities

No Results were found for

➤ [Able Opportunities](#)

 **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 6/25/2023 4:42:40 PM EST on OIG LEIE Exclusions database.
Source data updated on 6/8/2023 8:00:00 AM EST

[Return to Search](#)