



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/02/2021

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 MARSH RISK & INSURANCE SERVICES FOUR EMBARCADERO CENTER, SUITE 1100 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94111 Attn: SanFrancisco.Certs@marsh.com / f: 212-948-0398 CN102808927-STND-GAWUE-21- | CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS: | FAX (A/C. No): | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED TELECARE MENTAL HEALTH SERVICES OF OREGON, INC. 1080 MARINA VILLAGE PARKWAY, SUITE 100 ALAMEDA, CA 94501 | INSURER A : Lexington Insurance Company | | 19437 |
| | INSURER B : Arch Insurance Company | | 11150 |
| | INSURER C : Arch Indemnity Insurance Company | | 30830 |
| | INSURER D : | | |
| | INSURER E : | | |
| INSURER F : | | | |

COVERAGES **CERTIFICATE NUMBER:** SEA-003435287-15 **REVISION NUMBER:** 7

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 |
|----------|---|-----------|----------|--|--------------------------|--------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$350,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 6798155 | 07/01/2021 | 07/01/2022 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| 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 type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | 71CAB1055300 Ded: \$1,000 Comp. / \$1,000 Coll. | 07/01/2021 | 07/01/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | 6798156 | 07/01/2021 | 07/01/2022 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| C | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 71WC1055200 71WC1055100 Ded: \$750,000 | 07/01/2021 07/01/2021 | 07/01/2022 07/01/2022 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | <input type="checkbox"/> Healthcare Professional Liab. <input type="checkbox"/> Claims Made; SIR: \$350,000 | | | 6798155 Retro Date: 5/1/1986 | 07/01/2021 | 07/01/2022 | Aggregate 3,000,000 Occurrence 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Deschutes County, its officers, agents, employees, and volunteers are Additional Insureds with respect to Contractor's services to be provided under this Contract on a primary and non-contributory basis with any other insurance and self-insurance.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|---|
| Deschutes County Property & Facilities Department P O Box 6005 Bend, OR 97708 | 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 of Marsh Risk & Insurance Services Manashi Mukherjee <i>Manashi Mukherjee</i> |

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ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|-----------|--|--|
| AGENCY MARSH RISK & INSURANCE SERVICES | | NAMED INSURED TELECARE MENTAL HEALTH SERVICES OF OREGON, INC. 1080 MARINA VILLAGE PARKWAY, SUITE 100 ALAMEDA, CA 94501 | |
| POLICY NUMBER | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

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

Sexual Abuse / Molestation:
 Carrier: Lexington Insurance Company
 Policy No.: 6798155
 Policy Period: 07/01/2021 - 07/01/2022
 Limits:
 \$1,000,000 Occ.
 \$3,000,000 Agg.
 SIR: \$350,000

ENDORSEMENT NO.9

This endorsement, effective 12:01 AM: July 1, 2019

Forms a part of policy no.: 6798155

Issued to: TELECARE CORPORATION

By: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided by the Policy:

The following is only added to Section **II. WHO IS AN INSURED** of the Coverage Parts as indicated by an "X" below:

HEALTHCARE PROFESSIONAL LIABILITY COVERAGE PART
X HEALTHCARE GENERAL LIABILITY COVERAGE PART

The person or organization shown in the Schedule below is included as an additional **Insured** if you are obligated by virtue of a written contract, executed prior to the **medical incident, occurrence** or offense, to provide insurance to such person or organization of the type afforded by this Policy, but only with respect to liability arising out of operations conducted by **you** or on **your** behalf.

In the event that the Limits of Insurance provided by this Policy exceed the Limits of Insurance required by the written contract, the insurance provided by this endorsement shall be limited to the Limits of Insurance (inclusive of any applicable self insured retention) required by the written contract. The Limits of Insurance (inclusive of any applicable self insured retention) provided by this Policy shall not be increased for any reason, including any failure, refusal or inability of any self insurance/ **Insured** to pay any amounts due thereunder. This endorsement shall not increase the Limits of Insurance shown in the Declarations pertaining to the coverage provided herein.

Any coverage provided by this endorsement to an additional **Insured** shown in the Schedule below shall be excess over any other valid and collectible insurance or self insured retention available to the additional **Insured** whether primary, excess, contingent or on any other basis, unless the written contract with the additional **Insured** specifically requires that this insurance be primary and non-contributory with any other insurance carried by the additional **Insured**. In such case, this insurance shall be primary and non-contributory with any other insurance carried by the additional **Insured**.

In the event of payment under the Policy, **we** waive our right of subrogation against any person or organization shown in the Schedule below where the **Named Insured** has waived liability of such person or organization as part of the written contract between the **Named Insured** and such person or organization.

ENDORSEMENT NO. 9 (Continued)

The County of Solano, its officers, officials, agents, employees and volunteers

The County of Sonoma, its officers and employees

Stanislaus County, its Officers, Directors, Officials, agents, employees and volunteers

The County of Ventura and Ventura County Behavioral Health Department

Yolo County, its officers, agents, employees and volunteers

County of Marin

The County of Santa Cruz, the members of the Board of Supervisors of the County and the officers, agents, employees and volunteers of the County, individually and collectively

County of El Dorado, its officers, officials, employees and volunteers

San Joaquin County and its officers, employees, agents, servants and volunteers

County of Riverside

King County, its officers, officials, employees and agents

Behavioral Health, Sutter County, members of the Board of Supervisors of Sutter County, its officers, agents and employees, Yuba County, members of the Board of Supervisors of Yuba County, its officers, agents and employees

United Behavioral Health / Optum, and The State of Washington, Department of Social and Health Services (DSHS), its elected and appointed officials, agents, and employees of the state

Shasta County, its elected officials, officers, employees, agents and volunteers

Deschutes County, its officers, agents, employees and volunteers

Thurston Mason Behavioral Health Organization (TMBHO), Thurston County, Mason County, their respective elected and appointed officers, officials, employees, agents and Washington State

Mason Transit Authority

North Sound Behavioral Health Organization (NSBHO), North Sound Mental Health Administration (NSMHA), its officers, officials, employees, and agents

TJP Oly Building LLC, 701 5th Avenue # 3600, Seattle, WA 98104

Montalvo Associates, LLC, c/o DJM Capital Partners, Inc. (Landlord), 7777 Edinger Ave., Suite 133, Huntington Beach, CA 92647

County of Sacramento, its officers, directors, officials, employees and volunteers

The Community Development Commission of the County of Los Angeles and The Housing Authority

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

WHERE A WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS IS REQUIRED BY WRITTEN CONTRACT, SUCH ADDITIONAL ENTITIES SHALL BE CONSIDERED AUTOMATICALLY SCHEDULED BY THE COMPANY.

INDIVIDUALLY SCHEDULED WAIVERS SHALL NOT BE CONSTRUED TO OVERRIDE NOR NEGATE THIS BLANKET WAIVER.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 07/01/2020

Policy No. LDC4046674

Endorsement No.

Insured TELECARE CORPORATION

Premium \$ Included

Insurance Company Safety National Casualty Corporation

Countersigned By _____