



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 5

List View

General Information | Contact | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 1792796

Procurement Type: Central Master Agreement

Vendor ID: 000000165137

Legal Name: BEST LIFE THERAPY LLC

Alias/DBA:

Total Bid: \$219.00

Response Date: 12/05/2025

Response Time: 14:40

Responded By User ID: rheadyer

First Name: Rhea

Last Name: Dyer

Email: Rhea.Dyer@bestlifewv.com

Phone: 3046570551

SO Doc Code: CRFQ

SO Dept: 0403

SO Doc ID: DBS2600000005

Published Date: 12/1/25

Close Date: 12/9/25

Close Time: 13:30

Status: Closed

Solicitation Description: PHYSICAL THERAPY SERVICES at WVSD

Total of Header Attachments: 5

Total of All Attachments: 5



Department of Administration  
Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Solicitation Response

**Proc Folder:** 1792796  
**Solicitation Description:** PHYSICAL THERAPY SERVICES at WVSD  
**Proc Type:** Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2025-12-09 13:30	SR 0403 ESR12052500000003425	1

**VENDOR**  
000000165137  
BEST LIFE THERAPY LLC

**Solicitation Number:** CRFQ 0403 DBS2600000005  
**Total Bid:** 219  
**Response Date:** 2025-12-05  
**Response Time:** 14:40:57  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
James W Atkins  
(304) 558-0094  
james.w.atkins@wv.gov

<b>Vendor</b>		
<b>Signature X</b>	<b>FEIN#</b>	<b>DATE</b>

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Physical Therapist				77.00

Comm Code	Manufacturer	Specification	Model #
85122101			

**Commodity Line Comments:**

**Extended Description:**

Physical Therapist

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Physical Therapist Assistant				65.00

Comm Code	Manufacturer	Specification	Model #
85122101			

**Commodity Line Comments:**

**Extended Description:**

Physical Therapist Assistant

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Physical Therapy Student				0.00

Comm Code	Manufacturer	Specification	Model #
85122101			

**Commodity Line Comments:** A student would come with a licensed PT or PTA to provide service.

**Extended Description:**

Physical Therapy Student

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Case Management				77.00

Comm Code	Manufacturer	Specification	Model #
85122101			

**Commodity Line Comments:**

**Extended Description:**

Case Management

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ DBS26\*05**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Best Life Therapy  
Company

[Signature]  
Authorized Signature

12/15/25  
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.



**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) Rhea Dyer, Authorized Representative  
(Address) 154 E. Main St. Clarksburg WV 26301  
(Phone Number) / (Fax Number) 304-657-0551  
(email address) Rhea.Dyer@bestlifewv.com

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Best Life Therapy  
(Company)

(Signature of Authorized Representative)

Rhea Dyer Authorized Representative 12/6/25  
(Printed Name and Title of Authorized Representative) (Date)

304-657-0551  
(Phone Number) (Fax Number)

Rhea.Dyer@bestlifewv.com  
(Email Address)

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.:**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

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**Addendum Numbers Received:**

*(Check the box next to each addendum received)*

- ☒ Addendum No. 1
- ☐ Addendum No. 2
- ☐ Addendum No. 3
- ☐ Addendum No. 4
- ☐ Addendum No. 5

- ☐ Addendum No. 6
- ☐ Addendum No. 7
- ☐ Addendum No. 8
- ☐ Addendum No. 9
- ☐ Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Best Life Therapy  
Company

[Signature]  
Authorized Signature

12/6/25  
Date

**NOTE:** This addendum acknowledgement should be submitted with the bid to expedite document processing.

## Physical Therapy Services for Students at WVSDB

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### **SPECIFICATIONS**

1. **PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Schools for the Deaf and the Blind (WVSDB) to provide Physical Therapy Services for students at the West Virginia Schools for the Deaf and the Blind. Services will be provided at the school located at 301 E Main St Romney, WV 26757.

2. **DEFINITIONS:** The terms listed below shall have the meanings assigned to them below. Additional definitions can be found in section 2 of the General Terms and Conditions.

2.1 **"Contract Services"** means Physical Therapy Services as fully described by these specifications.

2.2 **"Pricing Section"** means the schedule of prices, estimated hourly rate, and totals contained in wvOASIS or Exhibit A Pricing Page used to evaluate the Solicitation responses.

2.3 **"Solicitation"** means the official notice of an opportunity to supply the State with goods or services that is published by the Purchasing Division.

### **3. GENERAL REQUIREMENTS:**

3.1 **Contract Services and Mandatory Contract Requirements and Deliverables:** Vendor shall provide the WVSDB with the Contract Services listed below on an ongoing basis. Contract services must meet or exceed the mandatory requirements as shown below. Services will be provided at 301 E Main Street Romney, WV 26757.

3.1.1 Evaluations and services provided by certified physical therapists, physical therapist assistants, and physical therapy students.

3.1.1.1 A physical therapist must conduct the initial evaluation and establish the student's plan of care and goals.

3.1.1.2 Provide physical therapy services for eligible students, on site, that align with plan of care and goals.

3.1.1.3 Work with staff and IEP team to schedule services as appropriate for students and staff.

3.1.1.4 Provide written reports as requested.

3.1.1.5 Maintain the confidentiality of student information.



## **Physical Therapy Services for Students at WVSDDB**

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3.1.1.6 Provide caseload management responsibility services including therapy documentation, evaluation reports, IEP completion, meeting participation, progress reports, Medicaid billing and other required tasks assigned by administration for the completion of student services.

3.1.1.7 The level of supervision required for physical therapist assistants depends on the settings and their experience level. A licensed PT must supervise no more than four PTAs, temporary permit holders, or aides at one time.

3.1.1.8 Physical therapy students must be supervised by a licensed PT during all hands-on patient care. The supervising PT must be physically present and immediately available for direction. The PT must also have direct contact with the patient during each visit.

3.1.1.9 General supervision is permitted with prior permission. A PT may use a general supervision, where they are available by telecommunication. Under general supervision, the supervising PT must make an on-site or telehealth visit with the PTA within 24 hours is clinically prudent. The PT must also visit the patient at least once every 10 PTA visits or every 30 days, whichever comes first.

### **3.1.2 Credentials and experience.**

3.1.2.1 Successful vendor or vendor's representative must have current license as a physical therapist from the state of West Virginia license board. Vendor should submit a copy of their license with their submitted bid response. This information will be required before award of contract.

3.1.2.2 Successful vendor or vendor's representative should have at least five (5) years of experience working with deaf, hard of hearing, blind, low vision and deafblind students in a school setting.

3.1.2.3 Successful vendor or vendor's representative should have at least five (5) years of experience in implementing and advising on Individualized Educational Plans (IEP) with some of that experience being with deaf, hard of hearing, blind, low vision and deafblind students.

## **Physical Therapy Services for Students at WVSDDB**

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### **4. CONTRACT AWARD:**

**4.1 Contract Award:** The Contract is intended to provide Agency with a purchase price for the Contract Services. The Contract shall be awarded to the Vendor that provides the Contract Items meeting the required specifications for the lowest overall total cost as shown on the Pricing Section.

**4.2 Pricing Section:** Vendor should complete the Pricing Section in full as failure to complete the Pricing Section in its entirety may result in Vendor's bid being disqualified.

Vendors should type or electronically enter the information into the Pricing Page to prevent errors in the evaluation.

**5. PERFORMANCE:** Vendor and Agency shall agree upon a schedule for performance of Contract Items, unless such a schedule is already included herein by Agency. In the event that this Contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.

**6. PAYMENT:** Vendor shall accept payment in accordance with the payment procedures of the state of West Virginia

### **7. VENDOR DEFAULT:**

**7.1 Default:** The following shall be considered a vendor default under this Contract:

**7.1.1** Failure to provide Contract Items in accordance with the requirements contained herein.

**7.1.2** Failure to comply with other specifications and requirements contained herein.

**7.1.3** Failure to comply with any laws, rules, and ordinances applicable to the Contract Items provided under this Contract.

**7.1.4** Failure to remedy deficient performance upon request.

**7.2 Remedy:** The following remedies shall be available to Agency upon default:

**7.2.1** Immediate cancellation of the Contract.

**7.2.2** Immediate cancellation of one or more release orders issued under this Contract.

**7.2.3** Any other remedies available in law or equity.

## Physical Therapy Services for Students at WVSDb

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8. **CONTRACT MANAGER:** Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:

- 8.1.1 Vendor must identify principle service personnel which will be issued access cards and/or keys to perform Contract Service.
- 8.1.2 Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost, misplaced or stolen.
- 8.1.3 Vendor shall notify the WVSDb immediately of any lost, stolen or missing card or keys.
- 8.1.4 Anyone performing under this Contract will be subject to agency's security protocol and procedures.
- 8.1.5 Vendor shall inform all staff of WVSDb's security protocol and procedures.

9. **CONTRACT MANAGER:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor shall list its Contract manager and his or her contact information below

Contract Manager: Rhea Dyer

Vendor's Address: 154 E. Main St. Clarksburg WV 26301

Telephone Number: 304-657-0551

Email Address: Rhea.Dyer@bioHite.wv.com

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Best Life Therapy</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>154 E. Main St.</b> <b>6</b> City, state, and ZIP code <b>Clarksburg WV 26301</b> <b>7</b> List account number(s) here (optional)	<b>Requester's name and address (optional)</b>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
			-					
<b>or</b>								
<b>Employer identification number</b>								
2	6	-	4	8	2	1	9	5 4

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person</b> 	<b>Date</b> 7/23/25
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they





# CERTIFICATE OF LIABILITY INSURANCE

6/1/2026

DATE (MM/DD/YYYY)

5/13/2025

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).

<b>PRODUCER</b> Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 8110 E Union Ave., Ste. 100 Denver CO 80237 denver-certs@lockton.com	<b>CONTACT NAME:</b>
	<b>PHONE (A/C, No, Ext):</b>
<b>INSURED</b> 1487747 The Stepping Stones Group, LLC 717 Green Valley Rd, Suite 200 Greensboro, NC 27408	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Evanston Insurance Company	
<b>INSURER B:</b> --- SEE ATTACHMENT ---	
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

NAIC #  
35378**COVERAGES****CERTIFICATE NUMBER:** 16418733**REVISION NUMBER:** XXXXXXXX

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Deductible: \$25K GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	MKLV5PSM001448	6/1/2025	6/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$	
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	MKLV5PSM001448	6/1/2025	6/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$	<input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE	N	N	See Attachment	6/1/2025	6/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A		NOT APPLICABLE			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX	
A	Professional Liab.	N	N	MKLV5PSM001448	6/1/2025	6/1/2026	\$1M Per Claim \$3M Agg/Ded: \$25K	
A	Sexual & Molestation Covg.			MKLV5PSM001448	6/1/2025	6/1/2026	\$1M Per Claim \$1M Agg/Ded \$150K	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

See Attached Named Insured List. Professional Liability Claims-Made Retro Date: 07/01/2007. Sexual Abuse & Molestation Claims-Made Retro Date: 07/01/2007. Retro Dates vary by entity.

**CERTIFICATE HOLDER****CANCELLATION** See Attachments

<b>16418733</b> Evidence of Insurance	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 

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***SSG Additional Named Insured List***

Autism Intervention Professionals, LLC  
Behavioral Learning Center – CO, Inc.  
Behavioral Learning Center, Inc.  
Best Life Therapy II, LLC  
Building Blocks, LLC  
Catalyst Speech, LLC  
Center for Behavioral, Educational & Social Therapies (C.B.E.S.T.)  
City Sounds of NY - Speech Language Development Center Inc; City Sounds of NY ; City Sounds of NY Speech Language  
Constellations Behavioral Services, Inc.  
Constellations Behavioral Services, LLC  
EBS Children's Institute, LLC  
EBS Children's Therapy- GA, LLC  
EBS Educational Based Services, dba EBS Early Intervention  
EBS Group LLC  
EBS Healthcare, LLC  
EBS Learning, LLC  
Ed Sped Solutions, LLC  
ERA Psychological Services, Inc.  
Green Celtics Holdings LP  
Green Celtics Intermediate Inc.  
Green Celtics Parent Inc.  
Green Celtics Purchaser Inc.  
HM Systems, Inc.  
Integrated Speech Solutions II, LLC  
MBS MidCo, LLC  
New England ABA LLC  
Positive Behavioral Solutions, LLC  
San Diego County SPS, LLC  
SSG HoldCo, LLC  
SSG Intermediate HoldCo, LLC  
SSG Investment HoldCo Inc.  
SSG New York, LLC  
SSG School of Psychology and Mental Health, PC  
STAR of CA, LLC  
Stepping Stones Healthcare Services, LLC  
The Futures HealthCore, LLC  
The Perfect Playground OT, PT, & SLP PLLC  
The Stepping Stones Autism Services Group LLC  
The Stepping Stones Group LLC  
Therapy for Kids, Inc. dba: Gallagher Pediatric Therapy; dba: GPT Staffing  
Therapy Time L.L.C.

## MARKEL

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **BLANKET ADDITIONAL INSURED - PROFESSIONAL LIABILITY WITH PRIMARY NON-CONTRIBUTORY WHEN REQUIRED BY CONTRACT**

This endorsement modifies insurance provided under the following:

**SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE COVERAGE PART  
SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE POLICY**

In consideration of the premium paid, it is hereby understood and agreed that the policy is amended as follows:

**A. Section The Insured** is amended to include as an additional insured any natural person or legal entity to whom the Named Insured is obligated by written contract or agreement to provide coverage as an additional insured, but only with respect to Claims that:

1. Arise out of the conduct of Professional Services rendered or that should have been rendered by an Insured that is not an additional insured; and
2. Are otherwise covered herein;

Provided such written contract or agreement was executed prior to the act, error, or omission in Professional Services for which coverage is sought.

However, the insurance provided to the additional insured: **a.** Only applies to the extent permitted by law;

- b.** Will not be broader than that which the Named Insured is required by the written contract or agreement to provide for such additional insured.

When coverage does not apply for the Named Insured, no coverage or defense will apply for the additional insured.

**B. With respect to the insurance afforded to the additional insured, Section Limits Of** is amended as follows:

1. **P** **SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE COVERAGE PART** is replaced by the following:

**C. Limit of Liability-Reduction for Refusal to Settle:** The Company shall not settle any Claim against the additional insured without the consent of the first Named Insured. If, however, the first Named Insured shall refuse to consent to any settlement recommended by the Company and shall elect to contest the Claim or continue any legal proceedings in connection with such Claim, then the Company's liability for the Claim shall not exceed the amount for which the Claim could have been so settled including Claim Expenses incurred up to the date of such refusal. Such amounts are subject to the provisions of the above Limits of Liability A. and B.

2. The following is added:

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the written contract or agreement; or
2. Available under the applicable limits of liability;

- C.** The following is added to Section Defense And Claim Expenses in the **SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE COVERAGE PART** and Section Defense, Settlements And Claim Expenses in the **SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE POLICY**:

The Company's obligation to provide defense shall not be severable with respect to the additional insured and all other Insureds hereunder.

With respect to the additional insured and any other Insured hereunder, all Insureds will be represented by the same attorney unless mutual representation is prohibited by law or by any applicable professional code of conduct.

- D.** With respect to coverage provided to the additional insured by this endorsement, the first paragraph under **E. Other Insurance of COMMON POLICY CONDITIONS** is replaced by the following:

This insurance shall be in excess of the applicable Deductible stated in the Declarations, and primary and noncontributory over any other insurance available to the additional insured provided that:

1. The additional insured is a Named Insured under such other insurance; and
2. The Named Insured has agreed in a written contract or agreement that this insurance would be primary and noncontributory over any other insurance available to the additional insured;

unless such other insurance is written only as specific excess insurance over the Limits of Liability provided in this policy.

If the Named Insured has not agreed in a written contract or agreement that this insurance would be primary and noncontributory, this insurance shall be in excess of the applicable Deductible stated in the Declarations and shall be excess over, and will not contribute with, any other insurance available to the additional insured whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise, unless such other insurance is written only as specific excess insurance over the Limits of Liability provided in this policy.

All other terms and conditions remain unchanged.



**MARKEL**

**EVANSTON INSURANCE COMPANY**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – GENERAL LIABILITY  
WITH PRIMARY NON-CONTRIBUTORY AND SEPARATION OF INSUREDS  
WHEN REQUIRED BY CONTRACT – SCHEDULED**

This endorsement modifies insurance provided under the following:

SPECIFIED MEDICAL PROFESSIONS GENERAL LIABILITY INSURANCE COVERAGE PART – CLAIMS MADE  
COVERAGE

SPECIFIED MEDICAL PROFESSIONS GENERAL LIABILITY INSURANCE COVERAGE PART – OCCURRENCE  
COVERAGE

**SCHEDULE**

Name of Additional Insured Person Or Organization:    As required by written contract
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In consideration of the premium paid, it is hereby understood and agreed that this policy is amended as follows:

- A.** Section THE INSURED is amended to include as an additional insured the Person Or Organization shown in the Schedule of this endorsement provided that the Named Insured is obligated by written contract or agreement to provide coverage to such Person or Organization as an additional insured, but only with respect to liability for Bodily Injury, Property Damage, or Personal and Advertising Injury caused, in whole or in part, by the Named Insured's acts or omissions or the acts or omissions of those acting on the Named Insured's behalf in connection with the Specified Products, Goods, Operations Or Premises shown in Item 4. of the Declarations.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law;
2. Will not be broader than that which the Named Insured is required by written contract or agreement to provide for such additional insured, if coverage is provided to the additional insured pursuant to a written contract or agreement; and
3. Applies solely to Claims first made against the Insured during the Policy Period or Extended Reporting Period, if purchased, if the Named Insured's coverage is claims made.

When coverage does not apply to the Named Insured because of any exclusion, condition, or limitation contained in this policy, no coverage or defense will apply for the additional insured.

No coverage applies to such additional insured for Bodily Injury, Property Damage, or Personal and Advertising Injury to any Employee of the Named Insured or to any obligation of the additional insured to indemnify another because of Damages arising out of such injury.

- B.** With respect to the insurance afforded to the additional insured, the following is added to Section LIMITS OF LIABILITY:

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by written contract or agreement, if any; or
2. Available under the applicable Limits of Liability;

whichever is less.

This endorsement shall not increase the applicable Limits of Liability stated in the Declarations.

**C. With respect to coverage provided to the additional insured by this endorsement, Common Policy Conditions is amended as follows:**

**1. The first paragraph under E. Other Insurance is replaced by the following:**

This insurance shall be in excess of the applicable Deductible stated in the Declarations, and primary and noncontributory over any other insurance available to the additional insured provided that:

- 1. The additional insured is a Named Insured under such other insurance; and**
- 2. The Named Insured has agreed in a written contract or agreement that this insurance would be primary and noncontributory over any other insurance available to the additional insured;**

unless such other insurance is written only as specific excess insurance over the Limits of Liability provided in this policy.

If the Named Insured has not agreed in a written contract or agreement that this insurance would be primary and noncontributory, this insurance shall be in excess of the applicable Deductible stated in the Declarations and shall be excess over, and will not contribute with, any other insurance available to the additional insured whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise, unless such other insurance is written only as specific excess insurance over the Limits of Liability provided in this policy.

**2. The following Condition is added:**

**SEPARATION OF INSURED**

Except with respect to the Limits of Liability, and any rights or duties stated in Condition N. Authorization, this insurance applies:

- 1. As if each Named Insured were the only Named Insured; and**
  - 2. Separately to each Insured against whom a Claim is made or a suit is brought;**
- but only when required by a written contract or agreement.

All other terms and conditions remain unchanged.



POLICY NUMBER:

**MKLV5PSM001448**

**MARKEL**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF SUBROGATION FOR SCHEDULED ADDITIONAL INSURED(S)**

This endorsement modifies insurance provided under the following:

SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE COVERAGE PART  
SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE POLICY  
SPECIFIED MEDICAL PROFESSIONS GENERAL LIABILITY INSURANCE COVERAGE PART – OCCURRENCE  
COVERAGE  
SPECIFIED MEDICAL PROFESSIONS GENERAL LIABILITY INSURANCE COVERAGE PART – CLAIMS MADE  
COVERAGE

### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s): **As required by written**

In consideration of the premium paid, it is hereby understood and agreed that the following is added to Section **H**.  
Subrogation of COMMON POLICY CONDITIONS:

The Company shall not exercise such rights of recovery against the additional insured person(s) or organization(s) stated  
in the Schedule of this endorsement.

All other terms and conditions remain unchanged.

Stepping Stones Healthcare Services, LLC

**\$5M Umbrella/Excess Liability Policies above Primary Policies:**

Carrier	Policy Number	Limits
Evanston Insurance Company	MKLV5UHC000010	\$2mil lead over Primary
Texas Insurance Company	BFLXAHTMA011500_022965_01	\$2mil xs lead \$2mil
QBE Specialty Insurance Company	140002626	\$1mil xs \$4mil

Above policies sit over:

- General Liability- Occurrence
- Hired – Nonowned Auto - Occurrence
- Employer's Liability - Occurrence
- Professional Liability - Claims Made
- Sexual Misconduct - Claims Made



## Evidence of Insurance

Dear The Stepping Stones Group, LLC certificate holder:

In an effort to meet demand for instant electronic delivery of certificates, Lockton Companies now provides paperless delivery of Certificates of Insurance. Thank you for your patience and willingness to help us lessen our environmental footprint.

To fulfill your certificate delivery, we need your email address. Please contact us via one of the methods below with your Holder ID number, email address, and phone number in the event we have any questions.

**Your Holder ID number is 16418733.**

- Email: [SteppingStonescertrequests@lockton.com](mailto:SteppingStonescertrequests@lockton.com)
- Toll-free automated phone service: 866-218-4018

If this certificate is no longer needed or valid, please notify us.

Thank you,

Lockton Companies

**WEST VIRGINIA  
STATE TAX DEPARTMENT  
BUSINESS REGISTRATION  
CERTIFICATE**

ISSUED TO:  
**BLTS INC  
211 AARON SMITH DR  
BRIDGPEORT, WV 26330-0000**

BUSINESS REGISTRATION ACCOUNT NUMBER: **2458-2833**

This certificate is issued on: **02/26/2024**

*This certificate is issued by  
the West Virginia State Tax Commissioner  
in accordance with Chapter 11, Article 12, of the West Virginia Code.*

*The person or organization identified on this certificate is registered  
to conduct business in the State of West Virginia at the location above.*

**This certificate is not transferrable and must be displayed at the location for which issued.**

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.  
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.



## Certificate

*I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that*

**BLTS, INC.**

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on February 16, 2024.

I further certify that the corporation has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this Certificate of Existence

## CERTIFICATE OF EXISTENCE

Validation ID:1WV5A\_S85CG



*Given under my hand and the  
Great Seal of the State of  
West Virginia on this day of  
August 06, 2024*

*Mac Warner*

*Secretary of State*