



PINAL COUNTY  
wide open opportunity

## Offer and Acceptance

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

### OFFER AND ACCEPTANCE FORM

#### TO PINAL COUNTY:

The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.

	Administrative Director
Authorized Signature	Title
Phyllis Grossman, Administrative Director	11/16/2015
Printed Name	Date
Grossman & Grossman, Ltd.	602-468-2077
Company Name	Telephone
PO Box 14948	Scottsdale, AZ 85267
Address	City, State, Zip

#### For clarification of this offer, contact:

Name: Phyllis Grossman Phone: 602-410-6635 Fax: 480-609-9552

Email: p.grossman@grossmantherapy.com

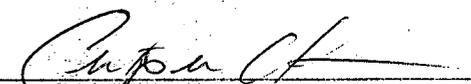
#### ACCEPTANCE OF OFFER (For Pinal County Use Only)

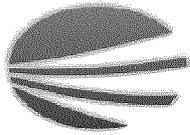
The offer is hereby accepted and the Responder is now bound to sell or provide the materials, services, or construction as indicated by the Purchase Order or Notice of Award and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Offer as accepted by Pinal County.

The contract is for: Behavioral Health Services

This contract shall henceforth be referenced to as Contract No. ROQ-150321. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this <u>6<sup>th</sup></u> day of <u>January</u> 2016.	
<u>Todd House</u>	<u>Chairman</u>
Name (Print)	Title
	
	Signature

Approved as to form:  
  
Pinal County Attorney's Office



providing community based therapy since 1983

# Grossman & Grossman, Ltd.

November 16, 2015 ORIGINAL

Electronic Submission for ROQ-150321 for

Grossman & Grossman, Ltd.

PO Box 14948 Scottsdale AZ 85267

602-468-2077

- **Offer and Acceptance Form** (2 pages) scanned with original signature
- **Addendum Acknowledgement Form** scanned with original signature
- **W-9 Form** completed
- **Responder's Checklist** completed
- **Solicitation ROQ-150321 Response Form 1** – with following attachments labeled as attachment#:
  1. ADHS Behavioral Health License for each facility (these are Maricopa county locations. Agency currently in escrow for a Casa Grande location that will be licensed once purchase is complete. CSLG6425 Phoenix office, CSLG6499 Peoria Office, CSLG5871 Mesa office renewal in process
  2. Current AZBBHE licenses for Jon Grossman (LMFT0182, LCSW0754) and Phyllis Grossman (LPC1814)
  3. Master's Degrees for Jon Grossman (MSW) and Phyllis Grossman (MC)
  4. Copy of Insurance Verification
  5. Resumes for Jon and Phyllis Grossman
  6. Az Corporation Commission Certificate of Good Standing for Grossman & Grossman, Ltd.
- **Solicitation ROQ-150321 Response Form 2 Pricing Sheet** scanned with original signature

**Phyllis Grossman, LPC Administrative Director**

**602-410-6635**

**[p.grossman@grossmantherapy.com](mailto:p.grossman@grossmantherapy.com)**

**webpage: [grossmantherapy.com](http://grossmantherapy.com)**



PINAL COUNTY  
wide open opportunity

## Offer and Acceptance

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

### OFFER AND ACCEPTANCE FORM

#### TO PINAL COUNTY:

The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.

	Administrative Director
Authorized Signature	Title
Phyllis Grossman, Administrative Director	11/16/2015
Printed Name	Date
Grossman & Grossman, Ltd.	602-468-2077
Company Name	Telephone
PO Box 14948	Scottsdale, AZ 85267
Address	City, State, Zip

#### For clarification of this offer, contact:

Name: Phyllis Grossman Phone: 602-410-6635 Fax: 480-609-9552

Email: p.grossman@grossmantherapy.com

#### ACCEPTANCE OF OFFER (For Pinal County Use Only)

The offer is hereby accepted and the Responder is now bound to sell or provide the materials, services, or construction as indicated by the Purchase Order or Notice of Award and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Offer as accepted by Pinal County.

The contract is for: Behavioral Health Services

This contract shall henceforth be referenced to as Contract No. ROQ-150321. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

Name (Print)	Title	Signature
--------------	-------	-----------

Approved as to form:

\_\_\_\_\_  
Pinal County Attorney's Office

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Grossman &amp; Grossman, Ltd.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>PO Box 14948</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Scottsdale AZ 85267</b>	
	7 List account number(s) here (optional)	

**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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
-	-								
<b>or</b>									
<b>Employer identification number</b>									
8	6	-	0	6	5	2	2	1	6

**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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>11/16/2015</u>
------------------	----------------------------	--------------------------

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

 <p>PINAL COUNTY wide open opportunity</p>	<h2 style="text-align: center;">Addendum Acknowledgement Form</h2>	<p style="text-align: center;">Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132</p>
---	--	---

**ADDENDUM ACKNOWLEDGEMENT FORM**

Solicitation Addendums are posted on the Pinal County website at the following address:  
<http://pinalcountyz.gov/Purchasing/Pages/CurrentSolicitations.aspx>. It is the responsibility of the Responder to periodically check this website for any Solicitation Addendum.

This page is used to acknowledge any and all addendums that might be issued. Any addendum issued within five days of the solicitation due date, will include a new due date to allow for addressing the addendum issues. Your signature indicates that you took the information provided in the addendums into consideration when providing your complete response.

Please sign and date:

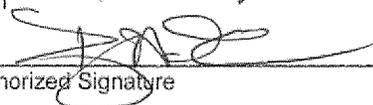
ADDENDUM NO. 1 Acknowledgement  11-16-2015  
Signature Date

ADDENDUM NO. 2 Acknowledgement \_\_\_\_\_  
Signature Date

ADDENDUM NO. 3 Acknowledgement \_\_\_\_\_  
Signature Date

*If no addendums were issued*, indicate below, sign the form and return with your response.

Grossman & Grossman, Ltd  
 Firm

  
 Authorized Signature

 <p>PINAL COUNTY wide open opportunity</p>	<h2>Responder's Checklist</h2>	<p>Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132</p>
---	--------------------------------	---

**RESPONDERS CHECKLIST**

<i>Crossman &amp; Crossman, Ltd</i>	Yes/No
Did you <b>sign</b> your Offer sheet? <i>See Page 36 &amp; 37 of this solicitation.</i>	Yes
Did you acknowledge all addendums, if any? <i>See page 33. Any addendums would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	Yes
Did you complete all required Response Forms? <i>Any Response forms would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	Yes
Did you include your W-9 Form? <i>See page 34 of this solicitation.</i>	Yes
Did you include any necessary attachments?	Yes
Is the outside of your sealed submittal marked with the Solicitation #, Due Date and Time? <i>See page 1 for this information.</i>	NA
Did you include one original and the required number of copies? <i>See page 1 for the quantity.</i>	NA
Did you follow the order for submissions of documents? <i>See Section 3.4 – Offer format in the Special Instructions of this solicitation.</i>	Yes
Did you include proof of insurance(s) if requested?	Yes

	<b>ROQ-150321 Behavioral Health Services Response Form 1</b>	Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132
---	--	---

**CopResponder Name:** *Responder Response*

Responders shall complete the following Response Form, indicating their responses in the spaces provided. Additional pages may be added so long as they are clearly referenced in the spaces provided.

### **Acceptability of Responses**

Offers that do not include this completed Response Form or that do include an incomplete Response Form or that include a completed Response Form with unacceptable responses may cause the entire offer to be deemed unacceptable and therefore non-responsive.

### **PROFESSIONAL LICENSES, CERTIFICATES AND INSURANCE**

Each applicant must provide proof of current licensure and/or certification as well as Professional and General Liability insurance. Licensure/certifications vary for each discipline. Requirements for each discipline are outlined in the Statement of Work. Applicants are to provide proof of licensure and/or certification for the disciplines they would like to be considered for. This includes but is not limited to copies of the following items as applicable:

1. Copy of ADHS Behavioral Health License for each facility or location
2. Copy(s) of current valid professional licenses or certificates
3. Masters degree in education or a human services field
4. Degree in psychiatry or psychology
5. Malpractice insurance.
6. General liability insurance.
7. DEA number.
8. W-9 form listing the tax identification number of the applicant or business. Download W-9 Form from <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
9. Resume

### **BUSINESS / PROFESSIONAL QUESTIONNAIRE**

A. Applicant's Legal Name: Grossman & Grossman, Ltd.

B. Business Name: Grossman & Grossman, Ltd.

C. Address: PO Box 14948

City: Scottsdale

State: AZ

Zip: 85267

Phone: 602-468-2077

Fax: 480-609-9552

 <p><b>PINAL • COUNTY</b> <i>wide open opportunity</i></p>	<p align="center"><b>ROQ-150321 Behavioral Health Services Response Form 1</b></p>	<p align="right">Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132</p>
---	--	---

Email: p.grossman@grossmantherapy.com

D. Applicant is: (check one)

1.  Sole Proprietor, attach a resume
  
2.  Corporation or Limited Liability Company (LLC), attach a copy of the Certificate of Good Standing from the Arizona Corporation Commission or, if a foreign corporation, proof of registration with the Arizona Corporation Commission.
  
3.  Other: \_\_\_\_\_ attach appropriate registration/certification

E. Number of years applicant has been providing this service: 25 years

F. Please list other organizations and agencies that have contracted with the Proposer for professional services. Include name, contact person and telephone number.

AOC-JJSD

Cenpatico

G. Civil Rights Compliance Data

Has any Federal or State agency ever made a finding of non-compliance with any relevant civil rights requirement with respect to you?  Yes  No

If yes, please explain in writing:

***Responder Response***

H. Prior Convictions

Have you ever been convicted of a felony?  Yes  No

If yes, please explain in writing.

***Responder Response***

I. Submit a copy of your current professional license/certification.

3 **Cost**

**Responder shall complete ROQ-150321 Response Form 2 Pricing Sheet. Any response that does not include this completed Pricing Sheet or includes an incomplete Pricing Sheet may cause the entire offer to be deemed unacceptable and therefore non-responsive.**

# Phyllis A. Grossman, LPC

---

PO Box 14948, Scottsdale AZ 85260

Cell phone 602-410-6635

Email: p.grossman@grossmantherapy.com

<b>Education</b>	Masters in Counseling, University of Phoenix 1995 Masters in Education, Arizona State University 1979
<b>Certification</b>	National Board Certified Counselor (NBCC39125) Licensed Professional Counselor (AZBBHE LPC-1814) MRT Facilitator (Moral Reconciliation Treatment) MET-CBT5 Facilitator (Moral Enhancement Therapy – Cognitive Behavioral Therapy 5 session Program)
<b>Professional Affiliations</b>	Clinical Member ATSA (Association for the Treatment of Sexual Abusers) Clinical Member of NADCP (National Association of Drug Court Professionals)

In private practice since 1995 providing counseling services under contract to various agencies. Counseling specializations with training and experience include juvenile, young adult and adult offenders, Native American youth and their families both on- and off-reservation, sexual offenders, sexual abuse victims, childhood trauma, physical abuse, death and dying grief issues, substance abuse prevention, violent offenders, youth remanded to adult court for sexual offenses and marital therapy.

## Current Contracts:

- Supreme Court Administrative Office of the Courts Juvenile Justice Services Division – providing services to juvenile probation clients in the counties of Maricopa, Pinal, and Gila counties: drug court treatment programs (Maricopa, Pinal and Gila courts), sex offender treatment, intensive in-home treatment, and counseling for youth and families referred for a variety of general mental health and conduct disorders. F.A.S.T. Program – Family Assessment & Strategic Therapy – an intensive in-home family therapy program designed to maintain at-risk youth in their homes offered in Pinal County.

- Gila River Indian Community – providing counseling for detained youth.
- Salt River Pima Maricopa Indian Community – general mental health counseling
- Cenpatico Health Integrated and Health Choice Integrated (Northern Arizona Regional Behavioral Health Authority) in-house provider of specialized therapy for children and youth who are victims of trauma or sexually acting out. Providers for Mercy Long Term Care and Bridgeway Long Term Care, Optum/United Health CRS and DCS for court ordered counseling.
- Single Case Agreements under Mercy Maricopa Integrated Care and Casey Foundation.

Relevant Trainings	2005 ongoing	Interlingua Spanish language classes/Immersion Programs
	2015	Clinical Supervision, Legal, Ethical and Risk Management Issues, Ethics and Boundary Issues, Ethics in Victim Services, Practice with Diverse Populations
	2014	ATSA National Conference San Diego
	2014	ASU Conference on Domestic Minor Sex Trafficking
	2013	ASU Center ABHP Clinical Supervisor (28credits)
	2013	ASU Center ABHP Ethics Course
	2012	Motivational Interviewing Practicum
	2012	National Association of Drug Court Professionals Annual Conference, Nashville, TN
	2012	Reducing Recidivism: the Principles of Effective Assessment and Intervention – workshop by Dr. Latessa at AZDBHS
	2011	11 <sup>th</sup> International Congress on Ericksonian Approaches
	2011	Motivational Interviewing: Putting it All Together – AOC
	2011	Treating and Assessing Sexual Offenders –AzATSA seminar
	2011	Specialty Court Conference: Back to Basics and Beyond AOC/ASU
	2011	MET/CBT5 EBP Training (AOC/NDC/CSAT)
	2011	Moral Reconciliation Therapy Facilitator Training, Memphis TN
	2012	Motivational Interviewing Practicum (6ceu)
	2012	National Association of Drug Court Professionals Annual Conference, Nashville, TN
	2012	Moving Juvenile Drug Courts from Where it is -To be where you want it to be (AOC Workshop)
	2012	Reducing Recidivism: the Principles of Effective Assessment and Intervention – workshop by Dr. Latessa at AZDBHS
	2011	Motivational Interviewing: Putting it All Together – AOC
	2011	Treating and Assessing Sexual Offenders –AzATSA seminar
	2011	Specialty Court Conference: Back to Basics and Beyond AOC/ASU
	2011	MET/CBT5 EBP Training (AOC/NDC/CSAT)
	2011	Moral Reconciliation Therapy Facilitator Training (Memphis TN)
	2009	12 <sup>th</sup> Training Conference California Coalition Against Sexual Assault

- 2007 Milton Erickson 9<sup>th</sup> International Congress
- 2002-3 SFI Institute Treating Difficult Teenager Facilitator Training  
Savannah, GA
- 1998 Effective Sex Offender Management Conference
- 1995 ATSA National Conference
- 1994 ATSA National Conference

# Jon B. Grossman, LMFT, LCSW

---

PO Box 14948, Scottsdale AZ 85260

Cell phone 602-410-6637

Email: [j.grossman@grossmantherapy.com](mailto:j.grossman@grossmantherapy.com)

## Education

Masters in Social Work, Arizona State University 1979  
Masters in Education, Oregon State University 1974

## Certification

Clinical Member AAMFT (American Association of Marriage and Family Therapists)

Board Certified Diplomat (American Board of Examiners in Clinical Social Work BCD 0668610)

Licensed Marriage and Family Therapist (AZBBHE LMFT-0182)

Licensed Clinical Social Work (AZBBHE LCSW-07554I)

GAIN-Q3 Administrator (Global Appraisal of Individual Needs)

MRT Facilitator (Moral Reconciliation Treatment)

MET-CBT5 Facilitator (Moral Enhancement Therapy – Cognitive Behavioral Therapy 5 session Program)

## Professional Affiliations

Clinical Member AAMFT (American Association of Marriage and Family Therapists)

Clinical Member ATSA (Association for the Treatment of Sexual Abusers)

Clinical Member of NADCP (National Association of Drug Court Professionals)

In private practice since 1984 with incorporation in 1990, providing counseling services under contract to various agencies. Counseling specializations with training and experience include juvenile, young adult and adult offenders, Native American youth and their families both on- and off-reservation, sexual offenders, sexual abuse victims, childhood trauma, physical abuse, death and dying grief issues, substance abuse prevention, violent offenders, youth remanded to adult court for sexual offenses and marital therapy.

## Current Contracts:

- Supreme Court Administrative Office of the Courts Juvenile Justice Services Division – providing services to juvenile probation clients in the counties of Maricopa, Pinal, and Gila counties: drug treatment programs (Maricopa,

Pinal and Gila courts), sex offender treatment, intensive in-home treatment, and counseling for youth and families referred for a variety of general mental health and conduct disorders. F.A.S.T. Program – Family Assessment & Strategic Therapy – an intensive in-home family therapy program designed to maintain at-risk youth in their homes offered in Pinal County.

- Gila River Indian Community – providing counseling for detained youth.
- Cenpatico Integrated Care and Health Choice Integrated Care (Northern Arizona Regional Behavioral Health Authority) in-house provider of specialized therapy for children and youth who are victims of trauma or sexually acting out. Provider for Mercy Maricopa Long Term Care, Bridgeway, Optum United Health CRS and CMDP.
- Single Case Agreements under Mercy Maricopa Integrated Care, Casey Foundation, Gila River Indian Community Behavioral Health, Salt River Pima Maricopa Indian Community.

Relevant Trainings	2005 ongoing	Interlingua Spanish language classes/Immersion Programs
	2015	EMDR Level 1, Certified Clinical Trauma Specialist (Arizona Trauma Institute), Arizona Coalition to End Sexual and Domestic Violence,
	2014	ATSA National Conference
	2013	Arizona Problem Solving Courts – Presentation: Innovations in Helping Juvenile Drug Court Participants Access Local Community
	2012	Motivational Interviewing Practicum (6ceu)
	2012	ATSA 2012 Annual Conference, Denver CO
	2012	GAIN Q3 Administration Certification
	2012	National Association of Drug Court Professionals Annual Conference, Nashville, TN
	2012	Presenter at the Arizona Problem Solving Courts Conference
	2012	Moving Juvenile Drug Courts from Where it is -To be where you want it to be (AOC Workshop)
	2012	Reducing Recidivism: the Principles of Effective Assessment and Intervention – workshop by Dr. Latessa at AZDBHS
	2011	11 <sup>th</sup> International Congress on Ericksonian Approaches
	2011	Motivational Interviewing: Putting it All Together – AOC
	2011	Treating and Assessing Sexual Offenders –AzATSA seminar
	2011	Specialty Court Conference: Back to Basics and Beyond AOC/ASU
	2011	MET/CBT5 EBP Training (AOC/NDC/CSAT)
	2011	Moral Reconciliation Therapy Facilitator Training, Memphis TN
	2010	ATSA 2010 Annual Conference, Phoenix AZ
	2010	Structured Sensory Interventions SITCAP-ART (National Institute for Trauma and Loss in Children) San Antonio, TX
	2009	12 <sup>th</sup> Training Conference California Coalition Against Sexual Assault
	2007	Milton Erickson 9 <sup>th</sup> International Congress

2002-3 SFI Institute Treating Difficult Teenager Facilitator Training  
Savannah, GA  
1998 Effective Sex Offender Management Conference  
1995 ATSA National Conference  
1994 ATSA National Conference



STATE OF ARIZONA  
BOARD OF BEHAVIORAL HEALTH EXAMINERS  
3443 NORTH CENTRAL AVENUE, SUITE 1700  
PHOENIX, AZ 85012  
PHONE: 602.542.1882 FAX: 602.364.0890  
Arizona State Website: [www.az.gov](http://www.az.gov)  
Board Website: [www.azbbhe.us](http://www.azbbhe.us)  
Board E-mail Address: [information@azbbhe.us](mailto:information@azbbhe.us)

JANICE K. BREWER  
Governor

TOBI ZAVALA  
Interim Executive Director

February 27, 2014

Mr. Jon Grossman  
5929 E Charter Oak Rd  
Scottsdale, AZ 85254

Re: LCSW-0754

Dear Mr. Grossman:

The Board has received your request for information regarding your compliance with A.A.C. R4-6-212(J). Based on the information you submitted, it appears:

1. You are qualified to provide clinical supervision from July 1, 2004 through November 30, 2015.

In order to continue to qualify to provide clinical supervision after November 30, 2015, you must complete an additional 6 continuing education hours of qualifying clinical supervision training anytime between December 1, 2013 and November 30, 2015, and every subsequent license expiration date after November 30, 2015.

Some training completed prior to 3/1/2012 and currently being accepted may not meet requirements if completed after 3/1/2012.

The Board can only review and approve continuing education to qualify a professional through the current licensure period.

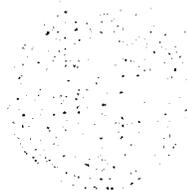
**SUBMITTING INFORMATION REGARDING CONTINUING EDUCATION HOURS WITH YOUR RENEWAL APPLICATION WILL NOT UPDATE YOUR COMPLIANCE ON THE LIST OF SUPERVISORS.** If you want current information on the Board's list, please submit the information to my attention when you complete subsequent 6 hour trainings

**IMPORTANT NOTE:** The verification provided above only addresses your compliance with A.A.C. R4-6-212(J). This verification does not address whether your clinical supervision or the supervisee's work experience meets other Board requirements. It is the responsibility of you and your supervisee to review all of the Board's rules and statutes to ensure compliance with all relevant requirements. The Board's rules and statutes are available for review on the Board's website at [www.azbbhe.us](http://www.azbbhe.us). Enclosed please find a copy of supervision rules A.A.C. R4-6-210 through R4-6-212 for your convenience.

Sincerely,

Donna Dalton  
Assistant Director

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
5780 SOUTH CAMPUS DRIVE  
CHICAGO, ILLINOIS 60637  
TEL: 773/936-3100  
WWW.CHEM.UCHICAGO.EDU



10/12/2011  
10:00 AM

10/12/2011  
10:00 AM

10/12/2011

10/12/2011

10/12/2011

10/12/2011

10/12/2011

10/12/2011

10/12/2011

10/12/2011

10/12/2011

10/12/2011

10/12/2011

10/12/2011

10/12/2011

10/12/2011

10/12/2011

10/12/2011



STATE OF ARIZONA  
BOARD OF BEHAVIORAL HEALTH EXAMINERS  
3443 NORTH CENTRAL AVENUE, SUITE 1700  
PHOENIX, AZ 85012  
PHONE: 602.542.1882 FAX: 602.364.0890  
Arizona State Website: [www.az.gov](http://www.az.gov)  
Board Website: [www.azbbhe.us](http://www.azbbhe.us)  
Board E-mail Address: [information@azbbhe.us](mailto:information@azbbhe.us)

JANICE K. BREWER  
Governor

TOBI ZAVALA  
Interim Executive Director

February 27, 2014

Mr. Jon Grossman  
5929 E Charter Oak Rd  
Scottsdale, AZ 85254

Re: LMFT-0182

Dear Mr. Grossman:

The Board has received your request for information regarding your compliance with A.A.C. R4-6-212(J). Based on the information you submitted, it appears:

1. You are qualified to provide clinical supervision from July 1, 2004 through November 30, 2015.

In order to continue to qualify to provide clinical supervision after November 30, 2015, you must complete an additional 6 continuing education hours of qualifying clinical supervision training anytime between December 1, 2013 and November 30, 2015, and every subsequent license expiration date after November 30, 2015.

Some training completed prior to 3/1/2012 and currently being accepted may not meet requirements if completed after 3/1/2012.

The Board can only review and approve continuing education to qualify a professional through the current licensure period.

**SUBMITTING INFORMATION REGARDING CONTINUING EDUCATION HOURS WITH YOUR RENEWAL APPLICATION WILL NOT UPDATE YOUR COMPLIANCE ON THE LIST OF SUPERVISORS.** If you want current information on the Board's list, please submit the information to my attention when you complete subsequent 6 hour trainings

**IMPORTANT NOTE:** The verification provided above only addresses your compliance with A.A.C. R4-6-212(J). This verification does not address whether your clinical supervision or the supervisee's work experience meets other Board requirements. It is the responsibility of you and your supervisee to review all of the Board's rules and statutes to ensure compliance with all relevant requirements. The Board's rules and statutes are available for review on the Board's website at [www.azbbhe.us](http://www.azbbhe.us). Enclosed please find a copy of supervision rules A.A.C. R4-6-210 through R4-6-212 for your convenience.

Sincerely,

A handwritten signature in cursive script that reads "Donna Dalton".

Donna Dalton  
Assistant Director

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
5700 SOUTH CAMPUS DRIVE  
CHICAGO, ILLINOIS 60637  
TEL: 773-936-5000  
WWW: WWW.CHEM.UCHICAGO.EDU

ADVISORY BOARD

MEMBERS

PROFESSOR

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

PROPERTY OF THE  
**ARIZONA DEPARTMENT OF HEALTH SERVICES**



**GROSSMAN & GROSSMAN, LTD.**  
**2345 East Thomas Road, Suite 360**  
**Phoenix, Arizona 85016**

This facility is licensed to operate as a(n) **COUNSELING FACILITY**

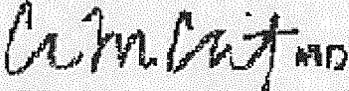
**From: June 1, 2015**

**To: May 31, 2016**

**Issued: April 7, 2015**

  
Recommended by: **Connie Belden, RN**  
**Bureau Chief**

**License: CSLG6425**

  
Issued By: **Cara Christ, MD**  
**Assistant Director**

**HEALTH AND WELLNESS FOR ALL ARIZONANS**

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION  
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED  
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE



**NOTEPAD:**HOLDER CODE  
INSURED'S NAME **Grossman & Grossman Ltd****GROSS-1**  
OP ID: MHPAGE 2  
Date **11/13/2015**

Holder Notes Attached 1 of 2:

## General Liability -

Additional Insured applies to General Liability policy per CGL Form SSCGC 07/14 (automatic if required in written contract). Also scheduled per form SSME556 10/11 for the The Arizona Supreme Court, State of Arizona, its departments, agencies, boards commissions, universities and its officers, officials, agents and employees.

Waiver of Subrogation endorsement per form SSME-551 12/11 applies to CGL in favor of the The Arizona Supreme Court, State of Arizona, its departments agencies, boards commissions, universities and its officers, officials, agents and employees.

Continued - next...

Holder Notes Attached 2 of 2:

## Workers Compensation -

Waiver of Subrogation endorsement per form WC000313 4/84 applies to workers compensation in favor of the State of Arizona, Arizona Supreme Court - Administrative Office of the Courts.

## Commercial Auto -

The Arizona Supreme Court, State of Arizona, its departments, agencies, boards commissions, universities and its officers, officials, agents and employees.

.....end.

Blank



# Social Service Contractors Indemnity Pool

## COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this Coverage Part:

1. The words "you", "your" and "Named Insured" refer to the Social Service Contractor shown in the Declarations;
2. The words "we", "us", "our" and "Pool" refer to the Social Service Contractors Indemnity Pool;
3. The word "insured" means any person or organization qualifying as such under Section II – Who Is An Insured; and
4. "Policy period" refers to the Rating Period shown in the Declarations.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section V – Definitions.

### SECTION I – COVERAGES

#### COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY

##### 1. Insuring Agreement

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does not apply. We may, at our discretion, investigate any "occurrence" and settle any claim or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in Section III – Limits Of Insurance; and
- (2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages A or B or medical expenses under Coverage C.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under the Additional Coverage or Supplementary Payments – Coverages A and B.

- b. This insurance applies to "bodily injury" and "property damage" only if:

- (1) The "bodily injury" or "property damage" is caused by an "occurrence" that takes place in the "coverage territory";
- (2) The "bodily injury" or "property damage" occurs during the policy period; and
- (3) under Paragraph 1. of Section II – Who Is An Insured and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.

- c. "Bodily injury" or "property damage" which occurs during the policy period and was not, prior to the policy period, known to have occurred by any insured listed under Paragraph 1. of Section II – Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim, includes any continuation, change or resumption of that "bodily injury" or "property damage" after the end of the policy period.

- d. "Bodily injury" or "property damage" will be deemed to have been known to have occurred at the earliest time when any insured listed under Paragraph 1. of Section II – Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim:

- (1) Reports all, or any part, of the "bodily injury" or "property damage" to us or any other insurer;



# Social Service Contractors Indemnity Pool

- (2) Receives a written or verbal demand or claim for damages because of the “bodily injury” or “property damage”; or
- (3) Becomes aware by any other means that “bodily injury” or “property damage” has occurred or has begun to occur.

e. Damages because of “bodily injury” include damages claimed by any person or organization for care, loss of services or death resulting at any time from the “bodily injury”.

## 2. Exclusions

This insurance does not apply to:

### a. Expected Or Intended Injury

“Bodily injury” or “property damage” expected or intended from the standpoint of the insured. This exclusion does not apply to “bodily injury” or “property damage” resulting from the use of reasonable force to protect persons or property.

### b. Contractual Liability

“Bodily injury” or “property damage” for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:

- (1) That the insured would have in the absence of the contract or agreement; or
- (2) Assumed in a contract or agreement that is an “insured contract”, provided the “bodily injury” or “property damage” occurs subsequent to the execution of the contract or agreement. Solely for the purposes of liability assumed in an “insured contract”, reasonable attorney fees and necessary litigation expenses incurred by or for a party other than an insured are deemed to be damages because of “bodily injury” or “property damage”, provided:
  - (a) Liability to such party for, or for the cost of, that party’s defense has also been assumed in the same “insured contract”; and
  - (b) Such attorney fees and litigation expenses are for defense of that party against a civil or alternative dispute resolution proceeding in which damages to which this insurance applies are alleged.

### c. Liquor Liability

“Bodily injury” or “property damage” for which any insured may be held liable by reason of:

- (1) Causing or contributing to the intoxication of that person;
- (2) The furnishing of alcoholic beverages to a person under the legal drinking age or under the influence of alcohol; or
- (3) Any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages.

This exclusion applies:

- (1) if you are in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages; or
- (2) To any “special event” at which you, your “employees”, or your volunteer workers sell alcoholic beverages or sell tickets or coupons which may be exchanged for alcoholic beverages.

### d. Workers’ Compensation And Similar Laws

Any obligation of the insured under a workers’ compensation, disability benefits or unemployment compensation law or any similar law.

### e. Employer’s Liability

“Bodily injury” to:

- (1) An “employee” of the insured arising out of and in the course of:
  - (a) Employment by the insured; or
  - (b) Performing duties related to the conduct of the insured’s business; or
- (2) The spouse, child, parent, brother or sister of that “employee” as a consequence of Paragraph (1) above.

This exclusion applies:

- (1) Whether the insured may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

This exclusion does not apply to liability assumed by the insured under an “insured contract”.



# Social Service Contractors Indemnity Pool

## f. Pollution

(1) "Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

(a) At or from any premises, site or location which is or was at any time owned or occupied by, or rented or loaned to, any insured. However, this subparagraph does not apply to:

(i) "Bodily injury" if sustained within a building and caused by smoke, fumes, vapor or soot from equipment used to heat that building.

(ii) "Bodily injury" or "property damage" for which you may be held liable, if you are a contractor and the owner or lessee of such premises, site or location has been added to your policy as an additional insured with respect to your ongoing operations performed for that additional insured at that premises, site or location and such premises, site or location is not and never was owned or occupied by, or rented or loaned to, any insured, other than that additional insured; or

(iii) "Bodily injury" or "property damage" arising out of the heat, smoke or fumes from a "hostile fire".

(b) At or from any premises, site or location which is or was at any time used by or for any insured or others for the handling, storage, disposal, processing or treatment of waste;

(c) Which are or were at any time transported, handled, stored, treated, disposed of, or processed as waste by or for:

(i) Any insured; or

(ii) Any person or organization for whom you may be legally responsible; or

(d) At or from any premises, site or location on which any insured or any contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations if the "pollutants" are brought on or to the premises, site or location in connection with such operations by such insured, contractor or subcontractor.

However, this subparagraph does not apply to:

(i) "Bodily injury" or "property damage" arising out of the escape of fuels, lubricants or other operating fluids which are needed to perform the normal electrical, hydraulic or mechanical functions necessary for the operation of "mobile equipment" or its parts, if such fuels, lubricants or other operating fluids escape from a vehicle part designed to hold, store or receive them.

This exception does not apply if the "bodily injury" or "property damage" arises out of the intentional discharge, dispersal or release of the fuels, lubricants or other operating fluids, or if such fuels, lubricants or other operating fluids are brought on or to the premises, site or location with the intent that they be discharged, dispersed or released as part of the operations being performed by such insured, contractor or subcontractor.

(ii) "Bodily injury" or "property damage" sustained within a building and caused by the release of gases, fumes or vapors from materials brought into that building in connection with operations being performed by you or on your behalf by a contractor or subcontractor; or

(iii) "Bodily injury" or "property damage" arising out of heat, smoke or fumes from a "hostile fire".

(e) At or from any premises, site or location on which any insured or any contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations if the operations are to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants".

(2) Any loss, cost or expense arising out of any:



# Social Service Contractors Indemnity Pool

- (a) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or
- (b) Claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

However, this paragraph does not apply to liability for damages because of "property damage" that the insured would have in the absence of such request, demand, order or statutory or regulatory requirement, or such claim or "suit" by or on behalf of a governmental authority.

## g. Aircraft, Auto Or Watercraft

"Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading".

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft that is owned or operated by or rented or loaned to any insured.

This exclusion does not apply to:

- (1) An aircraft not owned in whole or in part by any insured that is hired, chartered or loaned to you with a crew;
- (2) A watercraft while ashore on premises you own or rent;
- (3) A watercraft you do not own that is:
  - (a) Less than 51 feet long; and
  - (b) Not being used to carry persons or property for a charge;

- (4) Parking an "auto" on, or on the ways next to, premises you own or rent, provided the "auto" is not owned by or rented or loaned to you or the insured;
- (5) Liability assumed under any "insured contract" for the ownership, maintenance or use of aircraft or watercraft; or
- (6) "Bodily injury" or "property damage" arising out of the operation of any of the equipment listed in Paragraph f.(2) or f.(3) of the definition of "mobile equipment".

## h. Mobile Equipment

"Bodily injury" or "property damage" arising out of:

- (1) The transportation of "mobile equipment" by an "auto" owned or operated by or rented or loaned to any insured; or
- (2) The use of "mobile equipment" in, or while in practice for, or while being prepared for, any prearranged racing, speed, demolition, or stunting activity.

## i. War Or Terrorism

"Bodily injury" or "property damage" arising, directly or indirectly, out of:

- (1) War, including undeclared or civil war; or
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these; or
- (4) "Terrorism", including any action taken in hindering or defending against an actual or expected incident of "terrorism" regardless of any other cause or event that contributes concurrently or in any sequence to the injury or damage.

However, with respect to "terrorism", this exclusion only applies if one or more of the following are attributable to an incident of "terrorism":



# Social Service Contractors Indemnity Pool

- (1) The total of insured damage to all types of property exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the "terrorism" and business interruption losses sustained by owners or occupants of the damaged property.

For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions; or

- (2) Fifty or more persons sustain death or serious physical injury. For the purposes of this provision, serious physical injury means:
- (a) Physical injury that involves a substantial risk of death; or
  - (b) Protracted and obvious physical disfigurement; or
  - (c) Protracted loss of or impairment of the function of a bodily member or organ; or
- (3) The "terrorism" involves the use, release or escape of nuclear materials, or directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or
- (4) The "terrorism" is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
- (5) Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the "terrorism" was to release such materials.

Paragraphs (1) and (2), immediately preceding, describe the thresholds used to measure the magnitude of an incident of "terrorism" and the circumstances in which the threshold will apply for the purpose of determining whether the Terrorism Exclusion will apply to that incident. When the Terrorism Exclusion applies to an incident of "terrorism", there is no coverage under this Coverage Part.

In the event of any incident of "terrorism" that is not subject to the Terrorism Exclusion, coverage does not apply to any loss or damage that is otherwise excluded under this Coverage Part.

Multiple incidents of "terrorism" which occur within a seventy-two hour period and appear to be carried out in concert or to have a related purpose or common leadership shall be considered to be one incident.

## j. Damage to Property

"Property damage" to:

- (1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to any person or damage to another's property;
- (2) Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises;
- (3) Property loaned to you;
- (4) Personal property in the care, custody or control of the insured;
- (5) That particular part of real property on which you or any contractors or subcontractors working directly or indirectly on your behalf are performing operations, if the "property damage" arises out of those operations; or
- (6) That particular part of any property that must be restored, repaired or replaced because "your work" was incorrectly performed on it.

Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" to premises, including the contents of such premises, while rented to you or temporarily occupied by you with permission of the owner, and arising out of fire, lightning, explosion or sprinkler leakage. A separate limit of insurance applies to Damage To Premises Rented To You as described in Section III – Limits of Insurance.

Paragraph (2) of this exclusion does not apply if the premises are "your work" and were never occupied, rented or held for rental by you.

Paragraphs (3), (4), (5) and (6) of this exclusion do not apply to liability assumed under a sidetrack agreement.

Paragraph (6) of this exclusion does not apply to "property damage" included in the "products-completed operations hazard".



# Social Service Contractors Indemnity Pool

## **k. Damage To Your Product**

"Property damage" to "your product" arising out of it or any part of it.

## **l. Damage To Your Work**

"Property damage" to "your work" arising out of it or any part of it and included in the "products-completed operations hazard".

This exclusion does not apply if the damaged work or the work out of which the damage arises was performed on your behalf by a sub-contractor.

## **m. Damage To Impaired Property Or Property Not Physically Injured**

"Property damage" to "impaired property" or property that has not been physically injured, arising out of:

- (1) A defect, deficiency, inadequacy or dangerous condition in "your product" or "your work"; or
- (2) A delay or failure by you or anyone acting on your behalf to perform a contract or agreement in accordance with its terms.

This exclusion does not apply to the loss of use of other property arising out of sudden and accidental physical injury to "your product" or "your work" after it has been put to its intended use.

## **n. Recall Of Products, Work Or Impaired Property**

Damages claimed for any loss, cost or expense incurred by you or others for the loss of use, withdrawal, recall, inspection, repair, replacement, adjustment, removal or disposal of:

- (1) "Your product";
- (2) "Your work"; or
- (3) "Impaired property";

if such product, work, or property is withdrawn or recalled from the market or from use by any person or organization because of a known or suspected defect, deficiency, inadequacy or dangerous condition in it.

## **o. Personal And Advertising Injury**

"Bodily injury" arising out of "personal and advertising injury".

## **p. Hazardous Special Events**

"Bodily injury" and "property damage" arising out of any "special event" involving:

(1) Any fair, rodeo, carnival, amusement park or device, circus, haunted house, street party, zoo, rappelling, whitewater rafting, arena, grandstand, hall, theater, or similar facility or activity;

(2) Athletic events or activities, whether professional, semi-professional or amateur;

(3) Racing, speed, demolition or stunting activities or timed events of any kind; or

(4) Fireworks or pyrotechnics;

unless that "special event" is specifically described in the Declarations or an endorsement to this Coverage Part.

## **q. Organic Pathogens**

Any loss, cost or expense which would not have been incurred in whole or in part but for a:

(1) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, any "organic pathogen"; or

(2) Claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, any "organic pathogen".

## **r. Asbestos**

(1) "Bodily injury" or "property damage" arising out of:

(a) The inhalation or ingestion of or prolonged physical exposure to asbestos or to goods or products containing asbestos;

(b) The use of asbestos in constructing or manufacturing any good, product or structure;

(c) The removal of asbestos from any good, product or structure; or

(d) The manufacture, transportation, storage or disposal of asbestos or goods or products containing asbestos; or



# Social Service Contractors Indemnity Pool

**(2) Payment for:**

- (a)** The investigation or defense of any loss, injury or damage;
- (b)** Any cost, fine or penalty; or
- (c)** Any expense or claim or "suit" related to **(1)(a)** through **(1)(d)** above.

**s. Abuse Or Molestation**

"Bodily injury" or "property damage" arising out of:

- (1)** The actual or threatened abuse or molestation by anyone of any person while in the care, custody or control of any insured, or
- (2)** The negligent:
  - (a)** Employment;
  - (b)** Investigation;
  - (c)** Supervision;
  - (d)** Reporting to the proper authorities, or failure to so report; or
  - (e)** Retention

of a person for whom any insured is or ever was legally responsible and whose conduct would be excluded by Paragraph **(1)** above.

Exclusions **c.** through **n.** do not apply to damage by fire, lightning, explosion or sprinkler leakage to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in Section III – Limits Of Insurance.

## COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY

### 1. Insuring Agreement

- a.** We will pay those sums that the insured becomes legally obligated to pay as damages because of "personal and advertising injury" to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "personal and advertising injury" to which this insurance does not apply. We may, at our discretion, investigate any offense and settle any claim or "suit" that may result. But:

- (1)** The amount we will pay for damages is limited as described in Section III – Limits Of Insurance; and
- (2)** Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages **A** or **B** or medical expenses under Coverage **C**.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under the Additional Coverage or Supplementary Payments – Coverages **A** and **B**.

- b.** This insurance applies to "personal and advertising injury" caused by an offense arising out of your business but only if the offense was committed in the "coverage territory" during the policy period.

### 2. Exclusions

This insurance does not apply to:

#### **a. Knowing Violation Of Rights Of Another**

"Personal and advertising injury" caused by or at the direction of the insured with the knowledge that the act would violate the rights of another and would inflict "personal and advertising injury".

#### **b. Material Published With Knowledge Of Falsity**

"Personal and advertising injury" arising out of oral, written, televised, videotaped or electronic publication of material, if done by or at the direction of the insured with knowledge of its falsity.

#### **c. Material Published Prior To Policy Period**

"Personal and advertising injury" arising out of oral, written, televised, videotaped or electronic publication of material whose first publication took place before the beginning of the policy period.

#### **d. Criminal Acts**

"Personal and advertising injury" arising out of a criminal act committed by or at the direction of the insured.



# Social Service Contractors Indemnity Pool

## e. Contractual Liability

“Personal and advertising injury” for which the insured has assumed liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement.

## f. Breach Of Contract

“Personal and advertising injury” arising out of a breach of contract, except an implied contract to use another’s advertising idea in your “advertisement”.

## g. Quality Or Performance Of Goods – Failure To Conform To Statements

“Personal and advertising injury” arising out of the failure of goods, products or services to conform with any statement of quality or performance made in your “advertisement”.

## h. Wrong Description Of Prices

“Personal and advertising injury” arising out of the wrong description of the price of goods, products or services stated in your “advertisement”.

## i. Infringement Of Copyright, Patent, Trademark Or Trade Secret

“Personal and advertising injury” arising out of the infringement of copyright, patent, trade-mark, trade secret or other intellectual property rights.

However, this exclusion does not apply to infringement, in your “advertisement”, of copyright, trade dress or slogan.

## j. Insureds in Media And Internet Type Businesses

“Personal and advertising injury” committed by an insured whose business is:

- (1) Advertising, broadcasting, publishing or telecasting;
- (2) Designing or determining content of websites for others; or
- (3) An Internet search, access, content or service provider.

However, this exclusion does not apply to Paragraphs 15.a., b. and c. of “personal and advertising injury” under the Definitions Section

For the purposes of this exclusion, the placing of frames, borders or links, or advertising, or you or others anywhere on the Internet, is not by itself, considered the business of advertising, broadcasting, publishing or telecasting.

## k. Electronic Chatrooms Or Bulletin Boards

“Personal and advertising injury” arising out of an electronic chatroom or bulletin board the insured hosts, owns, or over which the insured exercises control.

## l. Unauthorized Use Of Another’s Name Or Product

“Personal and advertising injury” arising out of the unauthorized use of another’s name or product in your e-mail address, domain name or metatag, or any other similar tactics to mislead another’s potential customers.

## m. Pollution

“Personal and advertising injury” arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of “pollutants” at any time.

## n. Pollution-Related

Any loss, cost or expense arising out of any:

- (1) Request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, “pollutants”; or
- (2) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, “pollutants”.

## o. Organic Pathogens

Any loss, cost or expense arising out of any:

- (1) Request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, any “organic pathogen”; or



# Social Service Contractors Indemnity Pool

- (2) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, any "organic pathogen".

**p. Asbestos**

- (1) "Personal and advertising injury" arising out of:
- (a) The inhalation or ingestion of or prolonged physical exposure to asbestos or to goods or products containing asbestos;
  - (b) The use of asbestos in constructing or manufacturing any good, product or structure;
  - (c) The removal of asbestos from any good, product or structure; or
  - (d) The manufacture, transportation, storage or disposal of asbestos or goods or products containing asbestos; or
- (2) Payment for:
- (a) The investigation or defense of any loss, injury or damage;
  - (b) Any cost, fine or penalty; or
  - (c) Any expense or claim or "suit" related to (1)(a) through (1)(d) above.

**q. Abuse Or Molestation**

- "Personal and advertising injury" arising out of:
- (1) The actual or threatened abuse or molestation by anyone of any person while in the care, custody or control of any insured, or
- (2) The negligent:
- (a) Employment;
  - (b) Investigation;
  - (c) Supervision;
  - (d) Reporting to the proper authorities, or failure to so report; or
  - (e) Retention
- of a person for whom any insured is or ever was legally responsible and whose conduct would be excluded by Paragraph (1) above.

**r. War Or Terrorism**

"Personal and advertising injury" arising, directly or indirectly, out of:

- (1) War, including undeclared or civil war; or
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these; or
- (4) "Terrorism", including any action taken in hindering or defending against an actual or expected incident of "terrorism" regardless of any other cause or event that contributes concurrently or in any sequence to the injury.

However, with respect to "terrorism", this exclusion only applies if one or more of the following are attributable to an incident of "terrorism":

- (1) The total of insured damage to all types of property exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the "terrorism" and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions; or
- (2) Fifty or more persons sustain death or serious physical injury. For the purposes of this provision, serious physical injury means:
  - (a) Physical injury that involves a substantial risk of death; or
  - (b) Protracted and obvious physical disfigurement; or
  - (c) Protracted loss of or impairment of the function of a bodily member or organ; or
- (3) The "terrorism" involves the use, release or of nuclear materials, or directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or



# Social Service Contractors Indemnity Pool

- (4) The "terrorism" is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
- (5) Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the "terrorism" was to release such materials.

Paragraphs (1) and (2), immediately preceding, describe the thresholds used to measure the magnitude of an incident of "terrorism" and the circumstances in which the threshold will apply for the purpose of determining whether the Terrorism Exclusion will apply to that incident. When the Terrorism Exclusion applies to an incident of "terrorism", there is no coverage under this Coverage Part.

In the event of any incident of "terrorism" that is not subject to the Terrorism Exclusion, coverage does not apply to any loss or damage that is otherwise excluded under this Coverage Part.

Multiple incidents of "terrorism" which occur within a seventy-two hour period and appear to be carried out in concert or to have a related purpose or common leadership shall be considered to be one incident.

## COVERAGE C MEDICAL PAYMENTS

### 1. Insuring Agreement

- a. We will pay medical expenses as described below for "bodily injury" caused by an accident:
  - (1) On premises you own or rent;
  - (2) On ways next to premises you own or rent; or
  - (3) Because of your operations;provided that:
  - (1) The accident takes place in the "coverage territory" and during the policy period;
  - (2) The expenses are incurred and reported to us within one year of the date of the accident; and
  - (3) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.
- b. We will make these payments regardless of fault. These payments will not exceed the applicable limit of insurance. We will pay reasonable expenses for:

- (1) First aid administered at the time of an accident;
- (2) Necessary medical, surgical, x-ray and dental services, including prosthetic devices; and
- (3) Necessary ambulance, hospital, professional nursing and funeral services.

### 2. Exclusions

We will not pay expenses for "bodily injury":

- a. **Any Insured**  
To any insured, except "volunteer workers".
- b. **Hired Person**  
To a person hired to do work for or on behalf of any insured or a tenant of any insured.
- c. **Injury On Normally Occupied Premises**  
To a person injured on that part of premises you own or rent that the person normally occupies.
- d. **Workers Compensation And Similar Laws**  
To a person, whether or not an "employee" of any insured, if benefits for the "bodily injury" are payable or must be provided under a workers' compensation or disability benefits law or similar law.
- e. **Athletics Activities**  
To a person injured while taking part in athletics.
- f. **Products-Completed Operations Hazards**  
Included within the "products-completed operations hazard".
- g. **Coverage A Exclusions**  
Excluded under Coverage A.

## COVERAGE D "DATA SECURITY BREACH"

### 1. Insuring agreement

We will pay those sums that the insured becomes legally obligated to pay as damages because of a "data security breach". We will reimburse the insured for legal expenses



# Social Service Contractors Indemnity Pool

incurred in defending a claim or suit seeking to recover damages for a "data security breach." However, we will have no duty to defend the insured against any "suit" seeking damages for a "data security breach". But:

- (1) The amount we will pay for damages and legal expenses under this insuring agreement is limited as described in Section III. – Limits Of Coverage; and
- (2) This additional coverage applies to damages only if:
  - (a) The damages are the result of a "data security breach" that occurs in the "coverage territory" and is reported to us in writing during the "policy period"; and
  - (b) Prior to the effective date of this policy, no insured had knowledge of the "data security breach."
- (3) Any series of related "data security breaches" shall be considered one "data security breach" deemed to have occurred when the first "data security breach" in the series was reported in writing to us.

## ADDITIONAL COVERAGE –

The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay under this Additional Coverage regardless of the number of insureds, claims made or "suits" brought, or persons or organizations making claims or bringing "suits".

### 1. "Limited Organic Pathogen Liability"

Coverage **A** Exclusion **q.** – Organic Pathogens and Coverage **B** Exclusion **o.** – Organic Pathogens do not apply, but:

- a. Subject to the General Aggregate Limit or the Products-Completed Operations Aggregate, whichever applies, the Organic Pathogen Aggregate Limit is the most we will pay under this Additional Coverage for the sum of damages because of "bodily injury", "property damage", and "personal and advertising injury" arising out of "organic pathogens".
- b. Subject to 1. above, the Organic Pathogen Each Occurrence Limit is the most we will pay

for the sum of damages because of "bodily injury", "property damage", and "personal and advertising injury" arising out of "organic pathogens" in any one "occurrence".

## SUPPLEMENTARY PAYMENTS – COVERAGES A and B.

1. We will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:
  - a. All expenses we incur.
  - b. Up to \$1000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.
  - c. The cost of bonds to release attachments, but only for bond amounts within the applicable limit of insurance. We do not have to furnish these bonds.
  - d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$500 a day because of time off from work.
  - e. All costs taxed against the insured in the "suit".
  - f. Prejudgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.
  - g. All interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within the applicable limit of insurance. These payments will not reduce the limits of insurance.
2. If we defend an insured against a "suit" and an indemnitee of the insured is also named as a party to the "suit", we will defend that indemnitee if all of the following conditions are met:
  - a. The "suit" against the indemnitee seeks damages for which the insured has assumed the liability of the indemnitee in a contract or agreement that is an "insured contract";
  - b. This insurance applies to such liability assumed by the insured;



# Social Service Contractors Indemnity Pool

- c. The obligation to defend, or the cost of the defense of, that indemnitee, has also been assumed by the insured in the same "insured contract";
- d. The allegations in the "suit" and the information we know about the "occurrence" are such that no conflict appears to exist between the interests of the insured and the interests of the indemnitee;
- e. The indemnitee and the insured ask us to conduct and control the defense of that indemnitee against such "suit" and agree that we can assign the same counsel to defend the insured and the indemnitee; and

f. The indemnitee:

(1) Agrees in writing to:

- (a) Cooperate with us in the investigation, settlement or defense of the "suit";
- (b) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "suit";
- (c) Notify any other insurer whose coverage is available to the indemnitee; and
- (d) Cooperate with us with respect to coordinating other applicable insurance available to the indemnitee; and

(2) Provides us with written authorization to:

- (a) Obtain records and other information related to the "suit"; and
- (b) Conduct and control the defense of the indemnitee in such "suit".

So long as the above conditions are met, attorneys' fees incurred by us in the defense of that indemnitee, necessary litigation expenses incurred by us and necessary litigation expenses incurred by the indemnitee at our request will be paid as Supplementary Payments. Notwithstanding the provisions of Paragraph 2.b.(2) of Section I - Coverage A - Bodily Injury And Property Damage Liability, such payments will not be deemed to be damages for "bodily injury" and "property damage" and will not reduce the limits of insurance.

Our obligation to defend an insured's indemnitee and to pay for attorneys' fees and necessary

litigation expenses as Supplementary Payments ends when:

- a. We have used up the applicable limit of insurance in the payment of judgments or settlements; or
- b. The conditions set forth above, or the terms of the agreement described in Paragraph f. above, are no longer met.

## SECTION II - WHO IS AN INSURED

1. If you are designated in the Declarations as:

- a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
- b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.
- c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
- d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
- e. A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.

2. Each of the following is also an insured:

- a. Your "volunteer workers" only while performing duties related to the conduct of your business, or your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" or "volunteer workers" are insureds for:

- (1) "Bodily injury" or "personal and advertising injury":





# Social Service Contractors Indemnity Pool

- (a) With respect to structural alterations, new construction or demolition operations performed by or on behalf of that person or organization; or
  - (b) If that person or organization caused or contributed to the "occurrence" resulting in liability.
- g. Any other person or organization with whom you have a written "insured contract" that requires you to add such person or organization as an insured under this policy, but only with respect to that person's or organization's vicarious liability for "actual damages" solely caused by you or by "your work" and arising out of:
- (1) Your premises;
  - (2) Your ongoing operations, other than the manufacture or assembly of goods or products, performed for that person or organization;
  - (3) That person's or organization's financial control of you;
  - (4) The maintenance, operation, or use by you of equipment leased to you by that person or organization; or
  - (5) A permit issued to you by a state or political subdivision.

The Limits of Insurance applicable to Paragraphs f. and g. above are the lesser of those specified in the "insured contract" or in the Declarations.

3. With respect to "mobile equipment" registered in your name under any motor vehicle registration law, any person is an insured while driving such equipment along a public highway with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the equipment, and only if no other insurance of any kind is available to that person or organization for this liability. However, no person or organization is an insured with respect to:
- a. "Bodily injury" to a co-"employee" of the person driving the equipment; or
  - b. "Property damage" to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

4. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as an insured if there is no other similar insurance available to that organization. However:
- a. Coverage under this provision is afforded only until the 120th day after you acquire or form the organization or the end of the policy period, whichever is earlier;
  - b. Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
  - c. Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

## SECTION III - LIMITS OF INSURANCE

1. The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
- a. Insureds;
  - b. Claims made or "suits" brought; or
  - c. Persons or organizations making claims or bringing "suits".
2. The General Aggregate Limit is the most we will pay for the sum of:
- a. Medical expenses under Coverage **C**;
  - b. Damages under Coverage **A**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard";
  - c. Damages under Coverage **B**; and
  - d. Damages under Coverage **D**.
3. The Products-Completed Operations Aggregate Limit is the most we will pay under Coverage **A** for damages because of "bodily injury" and "property damage" included in the "products-completed operations hazard".



## Social Service Contractors Indemnity Pool

4. Subject to **2.** above, the Personal and Advertising Injury Limit is the most we will pay under Coverage **B** for the sum of all damages because of all "personal and advertising injury" sustained by any one person or organization.
5. Subject to **2.** or **3.** above, whichever applies, the Each Occurrence Limit is the most we will pay for the sum of:
  - a. Damages under Coverage **A**; and
  - b. Medical expenses under Coverage **C** because of all "bodily injury" and "property damage" arising out of any one "occurrence".
6. Subject to **5.** above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage **A** for damages because of "property damage" to:
  - a. Any one premises, while rented to you or temporarily occupied by you with permission of the owner; and
  - b. Personal property of others in your care, custody or control, while at premises rented to you or temporarily occupied by you with permission of the owner; arising out of any one "occurrence" involving fire, lightening, explosion, or sprinkler leakage.

In the case of fire, the Damage to Premises Rented to You Limit is the greater of:

  - a. The Damage to Premises Rented to You Limit shown in the Declarations; or
  - b. \$500,000.
7. Subject to **5.** above, the Medical Expense Limit is the most we will pay under Coverage **C** for all medical expenses because of "bodily injury" sustained by any one person.
8. The "Data Security Breach" limit is the most we will pay under Coverage **D** for all damages and legal expenses attributable to all "data security breaches" or "related data security breaches" reported to us during the policy period.
9. In the event claim is made or "suit" is brought against more than one insured as a result of a single "occurrence", we will apply the Limits of Insurance to the following in the order listed:
  - a. You;
  - b. Your "executive officers", directors, and "employees"; and

- c. Any other insureds in any order that we choose.

The Limits of Insurance of this Coverage Part apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

### SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS

#### 1. Bankruptcy

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this Coverage Part.

#### 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit

- a. You must see to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:
  - (1) How, when and where the "occurrence" or offense took place;
  - (2) The names and addresses of any injured persons and witnesses; and
  - (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.
- b. If a claim is made or "suit" is brought against any insured, you must:
  - (1) Immediately record the specifics of the claim or "suit" and the date received; and
  - (2) Notify us as soon as practicable. You must see to it that we receive written notice of the claim or "suit" as soon as practicable.
- c. You and any other involved insured must:
  - (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";
  - (2) Authorize us to obtain records and other information;



# Social Service Contractors Indemnity Pool

- (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit"; and
- (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury or damage to which this insurance may also apply.

- d. Your obligation to notify us under Paragraphs a. through c. above is satisfied if you send us written notice as soon as practicable after any of your "executive officers", directors, partners, insurance managers, or legal representatives becomes aware of, or should have become aware of, the "occurrence", offense, claim or "suit".
- e. If you report an "occurrence" or offense to your Workers' Compensation insurer which later becomes a claim under this Coverage Part, failure to report the "occurrence" or offense to us at the time of the "occurrence" or offense will not be considered a breach of this Condition if you notify us as soon as practicable after you become aware that the "occurrence" or offense has become a liability claim.
- f. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

### 3. Legal Action Against Us

No person or organization has a right under this Coverage Part:

- a. To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or
- b. To sue us on this Coverage Part unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured obtained after an actual trial; but we will not be liable for damages that are not payable under the terms of this Coverage Part or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

### 4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under Coverages A or B of this Coverage Part, our obligations are limited as follows:

#### a. Primary Insurance

This insurance is primary except when b. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in c. below.

#### b. Excess Insurance

This insurance is excess over:

- (1) Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is Fire, Lightning, Explosion or Sprinkler Leakage insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner;
  - (d) That is liability insurance purchased by any person or organization qualifying as an insured under Paragraph 2.f. or 2.g. of Section II – Who Is An Insured, unless a written contractual arrangement specifically requires this insurance to be primary;
  - (e) If the loss arises out of the maintenance or use of aircraft or watercraft; or
  - (f) If the loss arises out of the maintenance or use "autos" to the extent not subject to Exclusion g. of Section I - Coverage A - Bodily Injury And Property Damage Liability.



# Social Service Contractors Indemnity Pool

- (2) Any other primary insurance available to you covering liability for damages arising out of the premises or operations for which you have been added as an additional insured by attachment of an endorsement.

When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

## c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

## 5. Premium Audit

- a. We will compute all premiums for this Coverage Part in accordance with our rules and rates.
- b. Premium shown in this Coverage Part as advance premium is a deposit premium only. At the close of each audit period we will

compute the earned premium for that period and send notice to the first Named Insured named in the Declarations.

The due date for audit and retrospective premiums is the date shown as the due date on the bill. If the sum of the advance and audit premiums paid for the policy period is greater than the earned premium, we will return the excess to the first Named Insured.

- c. The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.

## 6. Representations

By accepting this policy, you agree:

- a. The statements in the Declarations are accurate and complete;
- b. Those statements are based upon representations you made to us; and
- c. We have issued this policy in reliance upon your representations.

## 7. Separation of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured named in the Declarations, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.

## 8. Transfer Of Rights Of Recovery

- a. If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.
- b. If required by written "insured contract", we will waive any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of:

- (1) Your ongoing operations; or



# Social Service Contractors Indemnity Pool

- (2) "Your work" done under a contract for that person or organization and included in the "products-completed operations hazard".

## 9. When We Do Not Renew

If we decide not to renew this Coverage Part, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 90 days before the expiration date.

If notice is mailed, proof of mailing will be sufficient proof of notice.

## 10. Motor Vehicle Laws

- a. When this Coverage Part is certified as proof of financial responsibility for the future under the provisions of any motor vehicle financial responsibility law, the insurance provided by the Coverage Part for Bodily Injury Liability or Property Damage Liability will comply with the provisions of the law to the extent of the coverage and limits of insurance required by that law.
- b. With respect to "mobile equipment" to which this insurance applies, we will provide any liability, uninsured motorists, underinsured motorists, no-fault or other coverages required by any motor vehicle insurance law. We will provide the required limits for those coverages.

## SECTION V - DEFINITIONS

1. "Advertisement" means a notice that is broadcast or published to the general public or specific market segments about your goods, products or services for the purpose of attracting customers or supporters. For the purposes of this definition:
  - a. Notices that are published include material placed on the Internet or on similar electronic means of communication; and
  - b. Regarding web-sites, only that part of a web-site that is about your goods, products or services for the purposes of attracting customers or supporters is considered an advertisement.
2. "Auto" means a land motor vehicle, trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment. But "auto" does not include "mobile equipment".
3. "Bodily injury" means:
  - a. Physical injury, sickness or disease sustained by a person, including death resulting from any of these at any time; and
  - b. Mental injury, mental anguish, humiliation or shock sustained by a person, if directly resulting from physical injury, sickness or disease sustained by that person.
4. "Coverage territory" means:
  - a. The United States of America (including its territories and possessions), Puerto Rico and Canada;
  - b. International waters or airspace, but only if the injury or damage occurs in the course of travel or transportation between any places included in a. above; or
  - c. All other parts of the world if the injury or damage arises out of:
    - (1) Goods or products made or sold by you in the territory described in a. above;
    - (2) The activities of a person whose home is in the territory described in a. above, but is away for a short time on your business; or
    - (3) "Personal and advertising injury" offenses that take place through the Internet or similar electronic means of communication provided the insured's responsibility to pay damages is determined in a "suit" on the merits, in the territory described in a. above or in a settlement we agree to.
5. "Data security breach" means the unauthorized acquisition of an individual's "personal information" you maintain that compromises its confidentiality, integrity or security.
6. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
7. "Executive officer" means a person holding any of the officer positions created by your charter, constitution, by-laws or any other similar governing document.
8. "Hostile fire" means one which becomes uncontrollable or breaks out from where it was intended to be.
9. "Impaired property" means tangible property, other than "your product" or "your work", that cannot be used or is less useful because:



## Social Service Contractors Indemnity Pool

a. It incorporates "your product" or "your work" that is known or thought to be defective, deficient, inadequate or dangerous; or

b. You have failed to fulfill the terms of a contract or agreement;

if such property can be restored to use by:

a. The repair, replacement, adjustment or removal of "your product" or "your work"; or

b. Your fulfilling the terms of the contract or agreement.

### 10. "Insured contract" means:

a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion or sprinkler leakage to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";

b. A sidetrack agreement;

c. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;

d. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;

e. An elevator maintenance agreement;

f. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

Paragraph f. does not include that part of any contract or agreement:

(1) That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road-beds, tunnel, underpass or crossing;

(2) That indemnifies an architect, engineer or surveyor for injury or damage arising out of:

(a) Preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or

(b) Giving directions or instructions, or failing to give them, if that is the primary cause of the injury or damage; or

(3) Under which the insured, if an architect, engineer or surveyor, assumes liability for an injury or damage arising out of the insured's rendering or failure to render professional services, including those listed in (2) above and supervisory, inspection, architectural or engineering activities.

11. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".

12. "Loading or unloading" means the handling of property:

a. After it is moved from the place where it is accepted for movement into or onto an aircraft, watercraft or "auto";

b. While it is in or on an aircraft, watercraft or "auto"; or

c. While it is being moved from an aircraft, watercraft or "auto" to the place where it is finally delivered; but "loading or unloading" does not include the movement of property by means of a mechanical device, other than a hand truck, that is not attached to the aircraft, watercraft or "auto".

13. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:

a. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;



## Social Service Contractors Indemnity Pool

- b. Vehicles maintained for use solely on or next to premises you own or rent;
  - c. Vehicles that travel on crawler treads;
  - d. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
    - (1) Power cranes, shovels, loaders, diggers or drills; or
    - (2) Road construction or resurfacing equip-ment such as graders, scrapers or rollers;
  - e. Vehicles not described in **a.**, **b.**, **c.** or **d.** above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
    - (1) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment; or
    - (2) Cherry pickers and similar devices used to raise or lower workers;
  - f. Vehicles not described in **a.**, **b.**, **c.** or **d.** above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":
    - (1) Equipment designed primarily for:
      - (a) Snow removal;
      - (b) Road maintenance, but not construction or resurfacing; or
      - (c) Street cleaning;
    - (2) Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
    - (3) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment.
- 14. "Occurrence"** means an accident, including continuous or repeated exposure to substantially the same general harmful conditions.
- 15. "Organic pathogen"** means any bacterium, virus, fungus, mold or mildew, or any of their mycotoxins, spores, scents or other by-products.
- 16. "Personal and advertising injury"** means injury, including consequential "bodily injury", arising out of one or more of the following offenses:
  - a. False arrest, detention or imprisonment;
  - b. Malicious prosecution or abuse of process;
  - c. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;
  - d. Oral, written, televised, videotaped or electronic publication of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
  - e. Oral, written, televised, videotaped or electronic publication of material that violates a person's right of privacy;
  - f. The misappropriation of another's advertising idea;
  - g. Infringing upon another's copyright, trade dress, title or slogan in your "advertisement"; or
  - h. Mental injury, mental anguish, humiliation or shock directly resulting from an offense listed in Paragraphs **a.** through **g.** above.
- 17. "Personal information"** means
  - a. an individual's first name or first initial and last name in combination with any one or more of the following data elements, when the data element is not encrypted, redacted or secured by any other method rendering the element unreadable or unusable:
    - (1) the individual's social security number.
    - (2) the individual's number on a driver license issued pursuant to applicable state law or number on a non-operating identification license issued pursuant to applicable state law.
    - (3) the individual's financial account number or credit or debit card number in combination with any required security code, access code or password that would permit access to the individual's financial accounts.



# Social Service Contractors Indemnity Pool

**(4)** "Personal information" does not mean any publicly available information that is lawfully made available to the general public from federal, state or local government records or widely distributed media.

**18.** "Pollutants" mean any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

**19.** "Products-completed operations hazard":

**a.** Includes all "bodily injury" and "property " occurring away from premises you own or rent and arising out of "your product" or "your work" except:

**(1)** Products that are still in your physical possession; or

**(2)** Work that has not yet been completed or abandoned. However, "your work" will be deemed completed at the earliest of the following times:

**(a)** When all of the work called for in your contract has been completed.

**(b)** When all of the work to be done at the job site has been completed if your contract calls for work at more than one job site.

**(c)** When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project. Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

**b.** Does not include "bodily injury" or "property damage" arising out of:

**(1)** The transportation of property, unless the injury or damage arises out of a condition in or on a vehicle not owned or operated by you, and that condition was created by the "loading or unloading" of that vehicle by any insured;

**(2)** The existence of tools, uninstalled equipment or abandoned or unused materials; or

**(3)** Products or operations for which the classification, listed in the Declarations or in a policy schedule, states that products completed operations are subject to the General Aggregate Limit.

**20.** "Property damage" means:

**a.** Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or

**b.** Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the "occurrence" that caused it.

For the purposes of this insurance, electronic data is not tangible property.

As used in this definition, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMS, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

**21.** "Special event" means any event:

**a.** The purpose of which is to raise funds for you, or to recognize the accomplishments of your organization, your "employees", or your "volunteer workers";

**b.** Which you, or a person or organization with whom you have entered into a contract or agreement, organize, promote, administer, sponsor or conduct; and

**c.** Which takes place on premises owned by you, or on premises while rented or leased to you or to the person or organization described in Paragraph **b.** above.

**22.** "Suit" means a civil proceeding in which damages because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies are alleged. "Suit" includes:

**a.** An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or

**b.** Any other alternative dispute resolution proceeding in which such damages are



## Social Service Contractors Indemnity Pool

claimed and to which the insured submits with our consent.

- 23.** "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short term workload conditions.
- 24.** "Terrorism" means activities against persons, organizations or property of any nature:
- a.** That involve the following or preparation for the following:
    - (1)** Use or threat of force or violence; or
    - (2)** Commission or threat of a dangerous act; or
    - (3)** Commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and
  - b.** When one or both of the following applies:
    - (1)** The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
    - (2)** It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.
- 25.** "Volunteer worker" means a person who is your "employee", and who donates his or her work and acts at the direction of and within the scope of duties determined by you, and is not paid a fee, salary or other compensation by you or anyone else for their work performed by you.
- 26.** "Your product":
- a.** Means:
    - (1)** Any goods or products, other than real property, manufactured, sold, handled, distributed or disposed of by:
      - (a)** You;
      - (b)** Others trading under your name; or
      - (c)** A person or organization whose business or assets you have acquired; and
    - (2)** Containers (other than vehicles), materials, parts or equipment furnished in connection with such goods or products.
  - b.** Includes:
    - (1)** Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your product"; and
    - (2)** The providing of or failure to provide warnings or instructions.
  - c.** Does not include vending machines or other property rented to or located for the use of others but not sold.
- 27.** "Your work":
- a.** Means:
    - (1)** Work or operations performed by you or on your behalf; and
    - (2)** Materials, parts or equipment furnished in connection with such work or operations.
  - b.** Includes:
    - (1)** Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your work"; and
    - (2)** The providing of or failure to provide warnings or instructions.



POLICY NUMBER: **SS42320315**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **WHO IS AN INSURED – ADDITIONAL INSURED**

This insurance modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY COVERAGE FORM  
SEXUAL ABUSE LIABILITY COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM (coverage applies to leased, hired or borrowed autos – symbol 8, and non-owned autos – symbol 9)

Who is an insured is amended to include as an insured the person or organization shown in the schedule below, but only with respect to vicarious liability arising out of your ongoing operations performed for that insured, and only to the extent of liability for actual damages resulting from occurrences arising out of your sole negligence.

### **Schedule:**

“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees”

All other terms and conditions remain unchanged.



POLICY NUMBER: **SS42320315**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **WAIVER OF TRANSFER RIGHTS OF RECOVERY**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY COVERAGE FORM  
SEXUAL ABUSE LIABILITY COVERAGE FORM

### **SCHEDULE**

**Name of Person or Organization: the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees**

1. The TRANSFER OF RIGHTS OF RECOVERY Condition (Section IV COMMERCIAL GENERAL LIABILITY COVERAGE FORM – CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract for that person or organization and included in the "products - completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

2. The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section VII BUSINESS AUTO CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for damages for "bodily injury" or "property damage" to which this insurance applies.

3. The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV PROFESSIONAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for "damages" due to negligent act, error or omission to which this insurance applies.

4. The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV SEXUAL ABUSE LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for damages due to "sexual injury" to which this insurance applies.

All other terms and conditions remain unchanged.

**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

Magellan Health Services of Arizona Inc  
Southwest Network  
Quality Care Network  
Northern Arizona Regional Behavioral Health Authority (NARBHA)  
The Arizona Supreme Court - Administrative Office of the Courts  
The State of Arizona  
Arizona Department of Economic Security  
Cenpatico Behavioral Health of Arizona LLC  
Department of Health Services  
Maricopa County  
Gila River Indian Community

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 Policy No. Endorsement No.  
Insured Premium \$

Insurance Company

Countersigned by \_\_\_\_\_

# Arizona State University

Greeting to all to whom these Letters shall come

The Arizona Board of Regents

by virtue of the authority vested in it by law and  
on recommendation of the University Faculty does hereby confer on

Jon Birdell Grossman

who has satisfactorily completed the Studies prescribed therefor  
the Degree of

Master of Social Work

with all the Rights, Privileges and Honors therewith appertaining

In witness whereof the Seal of the University is hereto affixed  
Done at Tempe, Arizona, this eighteenth day of May, in the  
year of our Lord one thousand nine hundred and seventy-nine



*Ralph M. Bilby*  
\_\_\_\_\_  
President of the Board

*William R. Byrne*  
\_\_\_\_\_  
Secretary of the Board

*Burr Bennett*  
\_\_\_\_\_  
Governor of Arizona

*D. W. Schurda*  
\_\_\_\_\_  
President of the University

*Linn C. duwood*  
\_\_\_\_\_  
Registrar of the University

# University of Phoenix

*Upon the recommendation of the Faculty  
has conferred on*

*Phyllis A. Grossman*

*The Degree of*

*Master of Counseling*

*with all the rights, honors and privileges thereunto appertaining.*

*In witness whereof, the seal of the University and the signatures as authorized  
by the Board of Directors, University of Phoenix, are hereunto affixed,  
this thirtieth day of April, in the year nineteen hundred and ninety-five.*

  
*Chairman, Board of Directors*



  
*President*



PROPERTY OF THE  
**ARIZONA DEPARTMENT OF HEALTH SERVICES**



**GROSSMAN & GROSSMAN, LTD.**  
**9635 West Peoria Avenue, Suite 107**  
**Peoria, Arizona 85345**

**This facility is licensed to operate as a(n) COUNSELING FACILITY**

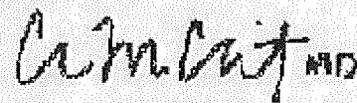
**From: June 1, 2015**

**To: May 31, 2016**

**Issued: April 7, 2015**

  
**Recommended by: Connie Belden, RN**  
**Bureau Chief**

**License: CSLG6499**

  
**Issued By: Cara Christ, MD**  
**Assistant Director**

**HEALTH AND WELLNESS FOR ALL ARIZONANS**

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION  
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED  
**TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE**





**Division of Licensing Services**  
**Bureau of Medical Facilities Licensing**

150 North 18th Avenue, Suite 450  
Phoenix, Arizona 85007-3242  
(602) 364-3030  
(602) 792-0466 Fax

DOUGLAS A. DUCEY, GOVERNOR  
CORY NELSON, INTERIM DIRECTOR

April 7, 2015

Jon Grossman, Director  
Grossman & Grossman, Ltd.  
P.O. Box 14948  
Scottsdale, AZ 85267

RE: CSLG6499  
Grossman & Grossman, Ltd.  
9635 West Peoria Avenue, Suite 107  
Peoria, AZ 85345

Dear Phyllis Grossman:

Enclosed is the license to operate a(n) Counseling Facility. The license:

- Is the property of the Department of Health Services;
- Is not transferable to another party; and
- Is valid only at the location indicated on the license.

The licensed capacity and classification of services which you are authorized to provide are specified on the license and cannot be changed without prior approval by the Arizona Department of Health Services. A change in location or ownership of the facility requires an application and licensure prior to the change.

Arizona laws and rules require that a license be conspicuously posted in the reception area of the facility. The law additionally requires that you notify the Department in writing at least thirty (30) days prior to termination of operation.

Should you have any questions, or need more information, please contact our office at (602) 364-3030.

Sincerely,

A handwritten signature in cursive script that reads "Connie Belden".

Connie Belden, R.N.  
Bureau Chief  
Bureau of Medical Facilities Licensing

CB:zp

State of Arizona  
Board of Behavioral Health Examiners

Be It Known That

***Phyllis A. Grossman***

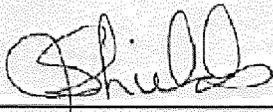
Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

***Licensed Professional Counselor***

The Arizona Board of Behavioral Health Examiners hereby grants this

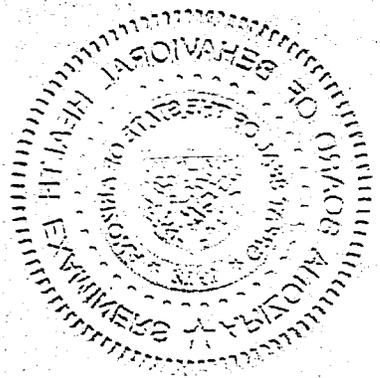
License Number LPC-1814

Under its seal and signatures,

  
Board Chair

Issue Date: July 1, 2004

Expiration Date: August 31, 2017





STATE OF ARIZONA  
BOARD OF BEHAVIORAL HEALTH EXAMINERS  
3443 N CENTRAL AVENUE, SUITE 1700  
PHOENIX, AZ 85012  
PHONE: 602.542.1882 FAX: 602.364.0890  
BBHE Website: [www.azbbhe.us](http://www.azbbhe.us)  
AZ Website Address: [www.az.gov](http://www.az.gov)  
Email Address: [information@azbbhe.us](mailto:information@azbbhe.us)

DOUGLAS A. DUCEY  
Governor

TOBI ZAVALA  
Executive Director

August 12, 2015

Ms. Phyllis Grossman  
5929 E Charter Oak Rd  
Scottsdale, AZ 85254

RE: **LPC-1814**  
**Expiration Date:**  
**August 31, 2017**

Dear Ms. Grossman:

Your request for renewal by the State of Arizona Board of Behavioral Health Examiners as a Licensed Professional Counselor has been reviewed and approved. You have met the eligibility requirements for continued licensure for the next two (2) years; accordingly, your new expiration date is August 31, 2017. Your license number is LPC-1814.

On behalf of the Board of Behavioral Health Examiners, I would like to take this opportunity to congratulate you on your renewal and remind you that you must renew your license every two years to maintain your licensure. The Board will send you notice prior to your expiration date. PLEASE NOTE: regardless of notice from the Board, it is your responsibility to submit your renewal before your license expires. Failure to do so will result in a late fee or the expiration of your license.

Board rules and statutes require that you complete 30 hours of continuing education during the 24 months prior to each renewal. All continuing education claimed must relate to the scope of your licensure.

You must maintain documentation regarding all continuing education activities claimed, such as conference brochures, for 48 months following each renewal. The Board has the right to audit your continuing education activities. If you are audited you will be asked to produce documentation to support all continuing education activities claimed.

You must notify the Board in writing within 30 days of any address change so that we can provide you with necessary notices, such as impending expiration dates. You may also obtain one from our web site or our office if needed in the future.

Again, I would like to take this opportunity to congratulate you on your renewal. If you have any questions, please do not hesitate to contact our office at (602) 542-1882.

Sincerely,

A handwritten signature in black ink that reads "Tobi Zavala".

Tobi Zavala  
Executive Director

LH



STATE OF ARIZONA  
BOARD OF BEHAVIORAL HEALTH EXAMINERS  
3443 NORTH CENTRAL AVENUE, SUITE 1700  
PHOENIX, AZ 85012  
PHONE: 602.542.1882 FAX: 602.364.0890  
Arizona State Website: [www.az.gov](http://www.az.gov)  
Board Website: [www.azbbhe.us](http://www.azbbhe.us)  
Board E-mail Address: [information@azbbhe.us](mailto:information@azbbhe.us)

DOUGLAS A. DUCEY  
Governor

TOBI ZAVALA  
Executive Director

September 28, 2015

Ms. Phyllis Grossman  
5929 E Charter Oak Rd  
Scottsdale, AZ 85254

Re: LPC-1814

Dear Ms. Grossman:

The Board has received your request for information regarding your compliance with A.A.C. R4-6-212(J). Based on the information you submitted, it appears:

1. You are in compliance with clinical supervision training from July 1, 2004 through August 31, 2006, without clinical supervision training as set forth in A.A.C. R4-6-212(J) (1).
2. You are NOT in compliance with clinical supervision training from September 1, 2006 through June 28, 2007.
3. You are in compliance with clinical supervision training from June 29, 2007 through August 31, 2017.

In order to continue to be in compliance with clinical supervision training after August 31, 2017, you must complete an additional 6 continuing education hours of qualifying clinical supervision training anytime between September 1, 2015 and August 31, 2017, and every subsequent renewal after August 31, 2017.

Submitting information regarding continuing education hours with your renewal application will not update your compliance on the list of supervisors. If you want current information on the Board's list, please submit the information to my attention when you complete subsequent 6 hour trainings, but no sooner than 3 months prior to the expiration of your license.

***The Board can only review and approve continuing education to qualify a professional through the current licensure period.***

**IMPORTANT NOTE:** The verification provided above only addresses your compliance with A.A.C. R4-6-612(J). This verification does not address whether your clinical supervision or the supervisee's work experience meets other Board requirements. It is the responsibility of you and your supervisee to review all of the Board's rules and statutes to ensure compliance with all relevant requirements. The Board's rules and statutes are available for review on the Board's website at [www.azbbhe.us](http://www.azbbhe.us). Enclosed please find a copy of supervision rules A.A.C. R4-6-210 through R4-6-212 for your convenience.

Sincerely,

Elina Brambila  
Credentialing Specialist



UNITED STATES DEPARTMENT OF JUSTICE  
OFFICE OF INSPECTOR GENERAL  
WASHINGTON, D.C. 20535

10/15/01

10/15/01

10/15/01

10/15/01

10/15/01

The Inspector General has received your request for information regarding your complaint. It is being reviewed.

10/15/01

10/15/01

10/15/01

10/15/01

10/15/01

10/15/01

10/15/01

10/15/01

# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**

**CERTIFICATE OF GOOD STANDING**

To all to whom these presents shall come, greeting:

I, James G. Jayne, Interim Executive Secretary of the Arizona Corporation Commission, do hereby certify that

**\*\*\*GROSSMAN & GROSSMAN, LTD.\*\*\***

a domestic corporation organized under the laws of the State of Arizona, did incorporate on March 9, 1990.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 29th Day of July, 2003, A. D.



Interim Executive Secretary

By

*James G. Jayne*  
*James G. Jayne*



State of Arizona  
Board of Behavioral Health Examiners

Be It Known That

***Jon B. Grossman***

Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

***Licensed Clinical Social Worker***

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LCSW-0754

Under its seal and signatures,

*Kirk Baudon PhD*

Board Chair

Issue Date: July 1, 2004

Expiration Date: November 30, 2015



STATE OF ARIZONA  
BOARD OF BEHAVIORAL HEALTH EXAMINERS  
3443 N CENTRAL AVENUE, SUITE 1700  
PHOENIX, AZ 85012  
PHONE: 602.542.1882 FAX: 602.364.0890  
BBHE Website: [www.azbbhe.us](http://www.azbbhe.us)  
AZ Website Address: [www.az.gov](http://www.az.gov)  
Email Address: [information@azbbhe.us](mailto:information@azbbhe.us)

JANICE K. BREWER  
Governor

DEBRA RINAUDO  
Executive Director

December 4, 2013

Mr. Jon Grossman  
5929 E Charter Oak Rd  
Scottsdale, AZ 85254

RE: LCSW-0754  
Expiration Date:  
November 30, 2015

Dear Mr. Grossman:

Your request for renewal by the State of Arizona Board of Behavioral Health Examiners as a Licensed Clinical Social Worker has been reviewed and approved. You have met the eligibility requirements for continued licensure for the next two (2) years; accordingly, your new expiration date is November 30, 2015 . Your license number is LCSW-0754.

On behalf of the Board of Behavioral Health Examiners, I would like to take this opportunity to congratulate you on your renewal and remind you that you must renew your license every two years to maintain your licensure. The Board will send you notice prior to your expiration date. PLEASE NOTE: regardless of notice from the Board, it is your responsibility to submit your renewal before your license expires. Failure to do so will result in a late fee or the expiration of your license.

Board rules and statutes require that you complete 30 hours of continuing education during the 24 months prior to each renewal. All continuing education claimed must relate to the scope of your licensure.

You must maintain documentation regarding all continuing education activities claimed, such as conference brochures, for 48 months following each renewal. The Board has the right to audit your continuing education activities. If you are audited you will be asked to produce documentation to support all continuing education activities claimed.

You must notify the Board in writing within 30 days of any address change so that we can provide you with necessary notices, such as impending expiration dates. You may also obtain one from our web site or our office if needed in the future.

Again, I would like to take this opportunity to congratulate you on your renewal. If you have any questions, please do not hesitate to contact our office at (602) 542-1882.

Sincerely,

A handwritten signature in cursive script that reads "Debra Rinaudo".

Debra Rinaudo  
Executive Director

JM

State of Arizona  
Board of Behavioral Health Examiners

Be It Known That

*Jon B. Grossman*

Having exhibited to the Board of Behavioral Health Examiners  
satisfactory evidence of having met requirements to practice as  
prescribed by law, is hereby licensed as a

*Licensed Marriage and Family Therapist*

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LMFT-0182

Under its seal and signatures,

*Keith Barden PhD*

Board Chair

Issue Date: July 1, 2004

Expiration Date: November 30, 2015



STATE OF ARIZONA  
BOARD OF BEHAVIORAL HEALTH EXAMINERS  
3443 N CENTRAL AVENUE, SUITE 1700  
PHOENIX, AZ 85012  
PHONE: 602.542.1882 FAX: 602.364.0890  
BBHE Website: [www.azbbhe.us](http://www.azbbhe.us)  
AZ Website Address: [www.az.gov](http://www.az.gov)  
Email Address: [information@azbbhe.us](mailto:information@azbbhe.us)

JANICE K. BREWER  
Governor

DEBRA RINAUDO  
Executive Director

December 4, 2013

Mr. Jon Grossman  
5929 E Charter Oak Rd  
Scottsdale, AZ 85254

RE: LMFT-0182  
Expiration Date:  
November 30, 2015

Dear Mr. Grossman:

Your request for renewal by the State of Arizona Board of Behavioral Health Examiners as a Licensed Marriage and Family Therapist has been reviewed and approved. You have met the eligibility requirements for continued licensure for the next two (2) years; accordingly, your new expiration date is November 30, 2015. Your license number is LMFT-0182.

On behalf of the Board of Behavioral Health Examiners, I would like to take this opportunity to congratulate you on your renewal and remind you that you must renew your license every two years to maintain your licensure. The Board will send you notice prior to your expiration date. PLEASE NOTE: regardless of notice from the Board, it is your responsibility to submit your renewal before your license expires. Failure to do so will result in a late fee or the expiration of your license.

Board rules and statutes require that you complete 30 hours of continuing education during the 24 months prior to each renewal. All continuing education claimed must relate to the scope of your licensure.

You must maintain documentation regarding all continuing education activities claimed, such as conference brochures, for 48 months following each renewal. The Board has the right to audit your continuing education activities. If you are audited you will be asked to produce documentation to support all continuing education activities claimed.

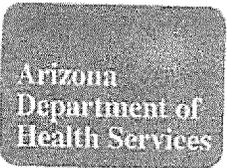
You must notify the Board in writing within 30 days of any address change so that we can provide you with necessary notices, such as impending expiration dates. You may also obtain one from our web site or our office if needed in the future.

Again, I would like to take this opportunity to congratulate you on your renewal. If you have any questions, please do not hesitate to contact our office at (602) 542-1882.

Sincerely,

Debra Rinaudo  
Executive Director

JM



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION  
 ARIZONA DEPARTMENT OF HEALTH SERVICES  
 PUBLIC HEALTH LICENSING SERVICES - BUREAU OF MEDICAL FACILITIES LICENSING

XI. SIGNATURES

1. If the applicant is an individual, the owner of the health care institution.
2. If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.
3. If the applicant is a governmental agency, the head of the governmental agency

<p><u>John B. Hussman</u> 9-15-2015 Signature</p> <p><u>[Signature]</u> 9-15-15 Signature</p>	<p><u>John B. Hussman</u> 10/22/15 President</p> <p><u>[Signature]</u> 10/22/15 Secretary</p>
Signature	Title

XII. ADDITIONAL DOCUMENTATION

Is health care institution located in a leased facility?  
 YES  NO

If yes, provide a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility.

Does the licensee have an accreditation report from a nationally recognized accrediting organization?  
 YES  NO

If yes, SUBMIT a copy of the health care institution's current accreditation report from a nationally recognized accrediting organization.

Delivered original signatures  
 for processing 10/22/15  
 License is valid but not  
 yet received.

150 N 8th Ave  
 Suite 400  
 602 364 2539  
 Ann Zach

PROPERTY OF THE  
**ARIZONA DEPARTMENT OF HEALTH SERVICES**



**GROSSMAN & GROSSMAN, LTD.**  
**1136 East Harmony Avenue, Suites 204 & 205**  
**Mesa, Arizona 85204**

**This facility is licensed to operate as a(n) COUNSELING FACILITY**

**From: September 3, 2015**

**To: October 31, 2015**

**Issued: September 9, 2015**

  
**Recommended by: Connie Belden, RN**  
**Bureau Chief**

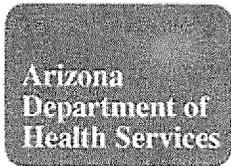
**License: CSLG5871 AMEND (Classification)**

  
**Issued By: Colby Bower**  
**Assistant Director**

**HEALTH AND WELLNESS FOR ALL ARIZONANS**

**PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION  
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED  
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE**





RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES - BUREAU OF MEDICAL FACILITIES LICENSING

In accordance with A.R.S. §41-1030

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

I. HEALTH CARE INSTITUTION INFORMATION

Name of Health Care Institution: Grossman & Grossman, Ltd. License No. CSLG5971
Street Address: 1136 E Harmony Avenue Suites 204 & 205
City: Mesa State: AZ Zip Code: 85204
Mailing Address:
City: PO Box 14948 Scottsdale State: AZ Zip Code: 85267
Phone No. 602-468-2077 E-mail: p.grossman@grossmantherapy.com

Select one class or subclass (Listed on A.A.C. R9-10-102):

- General hospital, Rural general hospital, Special hospital, Behavioral health inpatient facility, Home health agency, Unclassified health care institutions, Recovery care center, Hospice inpatient facility, Hospice service agency, Outpatient surgical center, Outpatient treatment center, Abortion clinic, Substance abuse transitional facility, Behavioral health specialized transitional facility, Counseling facility

Number of Observation/Stabilization Chairs: \_\_\_ Number of Dialysis Stations: \_\_\_

What is the health care institution's scope of practice: individual, family and group counseling

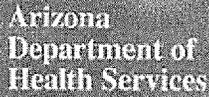
Health care institution's days and hours of operation (i.e. 8-5, 8:00a-5:00p):

Sun \_\_\_ M 3pm-7pm T 3pm-7pm W 3pm-7pm Th 3pm-7pm F by appt Sat \_\_\_

Is health care institution accredited? \_\_\_ YES X NO

Name of accrediting organization (must be from a nationally recognized organization):

Is health care institution requesting certification under Title XIX of the Social Security Act? [X] YES [ ] NO



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION  
ARIZONA DEPARTMENT OF HEALTH SERVICES  
PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

I. OWNER INFORMATION

Owner's Name: <u>Jon and Phyllis Grossman</u>		
Street Address: <u>5929 E Charter Oak Rd</u>		
City: <u>Scottsdale</u>	State: <u>AZ</u>	Zip Code: <u>85254</u>
Phone No. <u>602-468-2077</u>	Fax No. <u>480-609-9552</u>	
The owner is a (select one):		
<input type="checkbox"/> Sole proprietorship	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited liability partnership	<input type="checkbox"/> Limited liability company	<input type="checkbox"/> Governmental agency
If the owner is a partnership or a limited liability partnership, the name of each partner;		
If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;		
If the owner is a corporation, the name and title of each corporate officer; or		
If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:		
Name: <u>Jon Grossman</u>	Title: <u>President</u>	
Name: <u>Phyllis Grossman</u>	Title: <u>Secretary</u>	
Name: <u>Davin Grossman</u>	Title: <u>Treasurer</u>	
Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
If yes, indicate: The reason for denial, revocation, or suspension:		
The date of the denial, revocation, or suspension: _____		
The name and address of the licensing agency that denied, revoked, or suspended the license or certification: _____		

Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted?

YES  NO

If yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:

Does the applicant agree to allow the Department to submit supplemental requests for information under A.A.C. R9-10-108(C)(2)?  YES  NO

SUBMIT applicable fees required by R9-10-106. All fees are non-refundable except as provided in A.R.S. § 41-1077.

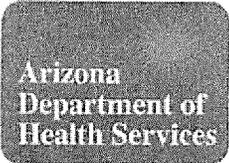
### III SUPPLEMENTAL APPLICATION – HOSPITALS ONLY

If applicable, the licensed occupancy for providing observation/stabilization services to:

Individuals under 18 years of age: \_\_\_\_\_

Individuals 18 years of age and older: \_\_\_\_\_

IDENTIFY all medical staff specialties and subspecialties, ATTACH LIST to renewal license application.

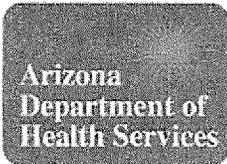


**RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION**  
ARIZONA DEPARTMENT OF HEALTH SERVICES  
PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

**SUPPLEMENTAL APPLICATION – HOSPITALS ONLY (cont'd)**

In addition to the supplemental application requirements above and if a hospital is requesting a single group license, authorized in A.R.S. § 36-422(F), the following information for each satellite facility providing medical services, nursing services, or health-related services under the single group license :

Name of Satellite Facility: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone No. _____
Name of Administrator: _____
Hours of Operation: _____
Name of Satellite Facility: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone No. _____
Name of Administrator: _____
Hours of Operation: _____
Name of Satellite Facility: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone No. _____
Name of Administrator: _____
Hours of Operation: _____



**RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION**  
 ARIZONA DEPARTMENT OF HEALTH SERVICES  
 PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

**V. SUPPLEMENTAL APPLICATION – BEHAVIORAL HEALTH INPATIENT FACILITIES ONLY**

–	Behavioral health observation/stabilization services including the licensed occupancy requested for providing behavioral health observation/stabilization services to individuals
	Under 18 years of age
	18 years of age and older
	Inpatient services to individuals under 18 years of age, including the licensed capacity requested

**VI SUPPLEMENTAL APPLICATION – HOSPICE ONLY**

For a hospice service agency:

Hours of operation for the hospice’s administrative office: \_\_\_\_\_

Geographic region served: \_\_\_\_\_

For a hospice inpatient facility, requested licensed capacity: \_\_\_\_\_

**VII. SUPPLEMENTAL APPLICATION – HOME HEALTH AGENCIES ONLY**

For a home health agency:

Name of Proposed Branch Office: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Geographic region served: \_\_\_\_\_

---

Name of Proposed Branch Office: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Geographic region served: \_\_\_\_\_

---

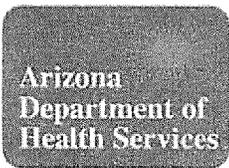
Name of Proposed Branch Office: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Geographic region served: \_\_\_\_\_

**SUBMIT** to the Department a copy of a valid fingerprint clearance card issued according to A.R.S. Title 41, Chapter 12, Article 3.1 for the applicant, if the applicant is an individual; or each individual with a 10% or greater ownership of the business organization, if the applicant is a business organization.



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION  
ARIZONA DEPARTMENT OF HEALTH SERVICES  
PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

VIII. STATUTORY AGENT OR INDIVIDUAL WHO ACCEPTS SERVICE OF PROCESS AND SUBPOENAS

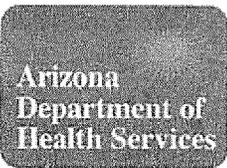
Name: Rick Carter Title: Attorney  
Street Address: 3003 N Central Avenue, Suite 1000  
City, State: Phoenix, AZ Zip Code: 85012 Phone  
No. 602-287-3360

IX. GOVERNING AUTHORITY

Name: Grossman & Grossman, Ltd.  
Street Address: 2345 E Thomas Rd Ste 360  
City: Phoenix State: AZ Zip Code: 85016

X. CHIEF ADMINISTRATIVE OFFICER

Name: Jon Grossman Title: Clinical Director  
Highest Educational Degree: MSW  
Work experience related to the health care institution class or subclass related to licensing requested:  
40 years as a therapist, licensed as LMFT and LCSW



**RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION**  
 ARIZONA DEPARTMENT OF HEALTH SERVICES  
 PUBLIC HEALTH LICENSING SERVICES – BUREAU OF MEDICAL FACILITIES LICENSING

**XI. SIGNATURES**

1. If the applicant is an individual, the owner of the health care institution.
2. If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.
3. If the applicant is a governmental agency, the head of the governmental agency

<p><u><i>[Signature]</i></u>      <u>9-15-2015</u>          Signature</p> <p><u><i>[Signature]</i></u>      <u>9-15-15</u>          Signature</p>	<p>_____          President</p> <p>_____          Secretary</p> <p>_____          Title</p> <p>_____          Title</p>
---	---

**XII. ADDITIONAL DOCUMENTATION**

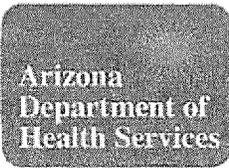
Is health care institution located in a leased facility?  
 \_\_\_ YES    X NO

If yes, provide a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility.

---

Does the licensee have an accreditation report from a nationally recognized accrediting organization?  
 \_\_\_ YES    X NO

If yes, SUBMIT a copy of the health care institution's current accreditation report from a nationally recognized accrediting organization.



ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 W. Adams, Suite #301

Phoenix, AZ 85007

CREDIT CARD PAYMENT FORM

LICENSEE INFORMATION (ALL FIELDS MUST BE FILLED IN, AS APPLICABLE)

Name <u>on</u> the License: Grossman & Grossman, Ltd.	Facility ID # (ADHS use only)	ADHS License # CSLG5871
Address <u>on</u> the License: 1136 E Harmony Ave Suites 204 & 205 Mesa AZ 85204		License Expiration Date: 10.31.2015
Applicable Licensing Office: (Check only one) <input checked="" type="checkbox"/> Medical Facilities <input type="checkbox"/> Long Term Care <input type="checkbox"/> Residential <input type="checkbox"/> Child Care <input type="checkbox"/> Special Licensing <input type="checkbox"/> Enforcement Unit This payment is: (validate is for a renewal only) <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Civil Money Penalty		Total Licensed or Requested Capacity: _____

For Child Care Facilities ONLY:

Are you registered with the Empower Pack Program?     YES     NO

RECORD OF TRANSACTION: (ADHS USE ONLY)

Order Number:	Date of Transaction:	Authorization Number:
Name of Person Processing Transaction:		Signature of Person Processing Transaction:

CREDIT CARD INFORMATION (ALL FIELDS MUST BE FILLED IN)

Type: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Payment Amount: \$ 425 _____ .00	Name as it appears on card: Grossman & Grossman, Ltd.
---	-------------------------------------	--

Authorization:

I certify by my signature below that I am the individual authorized to use the credit card noted above. I authorize the Arizona Department of Health Services to charge this credit card for the payment amount noted below. I understand the Arizona Department of Health Services will verify the amount paid against the amount owed. I understand this transaction does not constitute a complete application for licensing.

Cardholder's Signature:  Date: 9-15-15

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - 1635

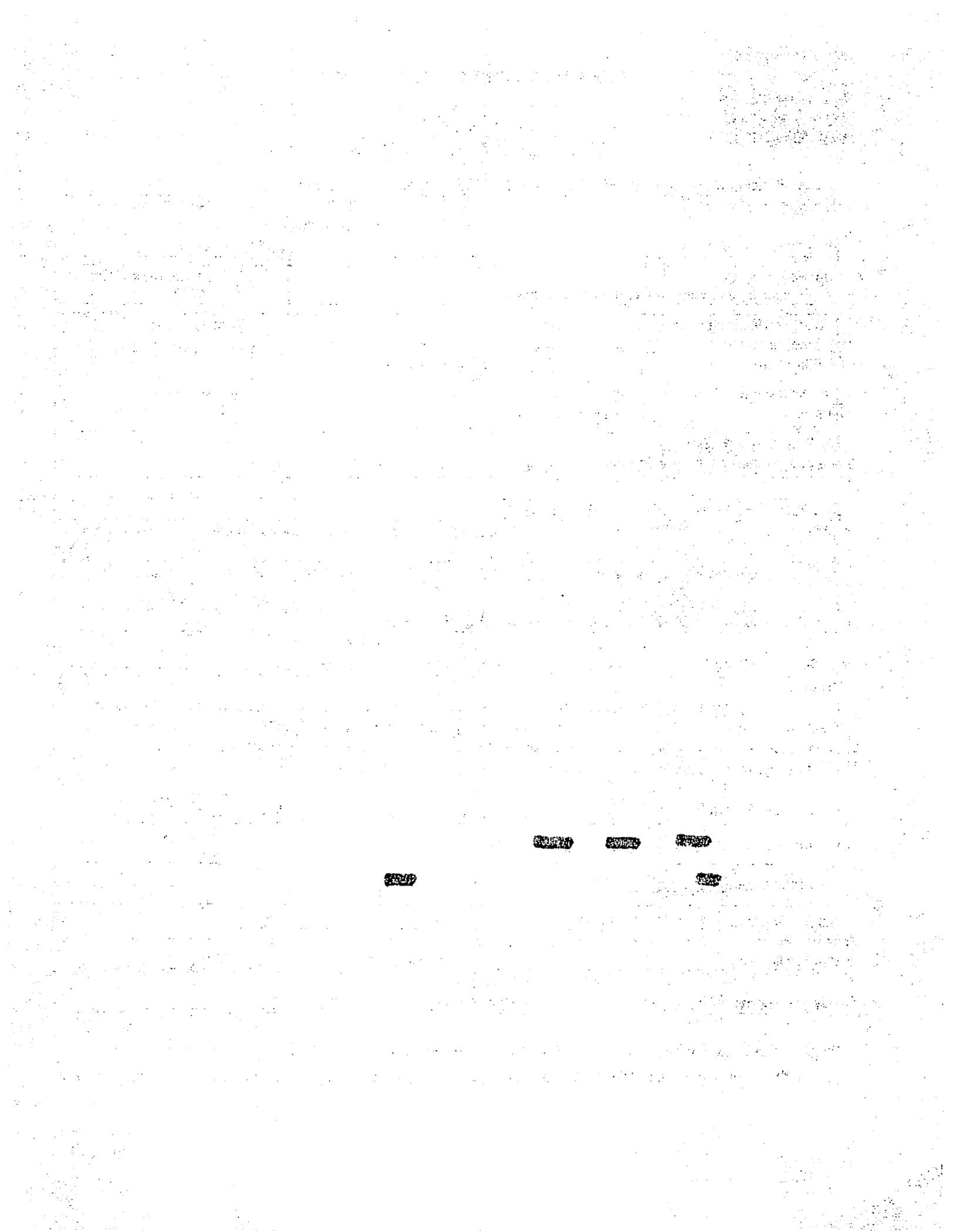
Expiration Date: \_\_\_\_\_ / 2017    Security Code (3 digits only) \_\_\_\_\_

Mailing Address: 5929 E Charter Oak Rd

City: Scottsdale    State: AZ    Zip: 85254

Daytime Phone: 602-410-6635    Email Address: p.grossman@grossmantherapy.com

Please fax this authorization to (602) 364-4807 or call (602) 364-3088 to process via phone, or mail it to: ADHS/Public Health Licensing Services - Business Office, 1740 W. Adams, Suite #301, Phoenix, AZ 85007



**PUBLIC HEALTH LICENSING SERVICES**  
 Bureau of Medical Facilities Licensing  
 150 N. 18th Avenue, Ste. 450  
 Phoenix, AZ 85007

**APPLICATION AND LICENSE FEE REMITTANCE FORM**

PLEASE RETURN THIS FORM WITH PAYMENT TO ABOVE ADDRESS

**FACILITY ID # (Offices ONLY)** \_\_\_\_\_ **LICENSE # (Renewals ONLY)** CSLG5871

**FACILITY NAME:** Grossman & Grossman, Ltd.

**STREET ADDRESS:** 1136 E Harmony Ave Suites 204 & 205

**CITY:** Mesa **STATE:** AZ **ZIP:** 85204

**GENERAL HOSPITAL, RURAL GENERAL HOSPITAL, SPECIAL HOSPITAL,  
 HOME HEALTH AGENCY, HOSPICE SERVICE AGENCY, HOSPICE INPATIENT FACILITY,  
 ABORTION CLINIC, RECOVERY CARE CENTER, OUTPATIENT SURGICAL CENTER,  
 OUTPATIENT TREATMENT CENTER, UNCLASSIFIED HEALTH INSTITUTION**

FEES			AMOUNT DUE
Application Fee (due when application is submitted)			\$50
Licensed Capacity (due after initial inspection)			
Licensed Capacity:	License Fee*:	# of Beds x \$91 each*:	Total License Fee + Number of Beds Fee:
No licensed capacity	\$365	N/A	\$ _____
1 to 59 beds	\$365	_____ x \$91 = _____	\$ _____
60 to 99 beds	\$730	_____ x \$91 = _____	\$ _____
100 to 149 beds	\$1095	_____ x \$91 = _____	\$ _____
150 or more beds	\$1825	_____ x \$91 = _____	\$ _____
	*\$365 for each satellite on a single group license	*\$91/per dialysis station or *\$91/per observation/stabilization chair for OTC/hospital that is not behavioral health	
<b>TOTAL AMOUNT DUE</b>			\$ _____

**BEHAVIORAL HEALTH INPATIENT FACILITY, BEHAVIORAL HEALTH OUTPATIENT TREATMENT CENTER,  
 SUBSTANCE ABUSE TRANSITIONAL FACILITY,  
 BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY, COUNSELING FACILITY**

FEES			AMOUNT DUE
Application Fee (due when application is submitted)			\$50
Licensed Capacity (due after initial inspection)			
Licensed Capacity:	License Fee:	# of Beds x \$94* each	Total License Fee + Number of Beds Fee:
No licensed capacity	\$375	N/A	\$ <u>375.00</u>
1 to 59 beds	\$375	_____ x \$94 = _____	\$ _____
60 to 99 beds	\$750	_____ x \$94 = _____	\$ _____
100 to 149 beds	\$1125	_____ x \$94 = _____	\$ _____
150 or more beds	\$1875	_____ x \$94 = _____	\$ _____
		*\$94/per observation/stabilization chair for behavioral health facilities	
<b>TOTAL AMOUNT DUE</b>			\$ <u>425.00</u>

Payment should be cashiers' check, money order or business check made payable to: **AZ DEPT OF HEALTH SERVICES**  
 Cash and personal checks are not accepted.

**ALL FEES ARE NON-REFUNDABLE** pursuant to A.R.S. 36-405(B)(6), 36-882(f) and 36-897.01(c), except as provided in A.R.S. 41- 1077.  
**NOTE:** Fees do not apply to a health care institution operated by a State agency pursuant to federal law such as the Veterans' Home, Arizona State Hospital or adult foster care settings. Authority: A.R.S. 36-405

<b>Billing Date Wed, 23 Sep 2015 09:21:22 MST</b>
Payment is complete. Print this receipt for your records.
Your authorization number is 320622.
Please reference this number in any correspondence regarding your transaction.
<b>Billing Information</b>
GROSSMAN &, GROSSMAN LTD
5929 E CHARTER OAK RD
SCOTTSDALE AZ 85254
602-410-6635
P.GROSSMAN@GROSSMANTHERAPY.COM

<b>Account Information</b>
VISA
4*****1635 EXP. 07/2017

<b>Order Items</b>					
Order ID	Product ID	Item Description	Amount	Quantity	Total Amount
10779	HSDLS100	BH NO CAP & 1-59 BEDS	\$375.00	1	\$375.00
10779	HSDLS185	HLTH FACILITY APP FEE	\$50.00	1	\$50.00
10779				<b>Total</b>	<b>\$425.00</b>

<b>Merchant Name</b>	<b>Amount</b>
Arizona Department of Health Services	\$425.00

**Notes**

A payment for the Behavioral Health license renewal on Facility #bh4407 has been received.



PINAL COUNTY  
wide open opportunity

Response Form 2 – Pricing  
Sheet  
ROQ-150321  
Behavioral Health Services

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

**Court Ordered Evaluation**

Services	Total
Court Ordered Evaluation	\$ per 24 hour day

**Alcohol and Illegal Substance Abuse**

Services	Total
Initial Intake or Psychiatric evaluation services	\$ each
Crisis Services	\$ per hour
Individual Counseling Services	\$ 80.00 per hour
Medication Monitoring Services	\$ per 15 minutes
Group Therapy Services	\$ 35.00 per hour

**Sex Abuse Treatment**

Services	Total
Individual and Family Therapy	\$ 80.00 per hour
Group Therapy	\$ 35.00 per hour, per client
Full Psychophysiological evaluation	\$ each
Abel Screen	\$ each
Abel Re-test	\$ each
MSI-II	\$ each
MMPI-II	\$ each
Polygraph	\$ each
Plethysmograph (initial)	\$ each
Plethysmograph (re-test)	\$ each

1. The County will not reimburse the Contractor for probationer "no shows"
2. The Contractor shall bill assessment, motivation enhancement and relapse prevention, as a regular counseling session, unless requested by the county as a stand-alone visit.



PINAL COUNTY  
wide open opportunity

Response Form 2 – Pricing  
Sheet  
ROQ-150321  
Behavioral Health Services

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

**Pre-Petition Screening**

Services	Total
Crisis Intervention Services	\$ per 15 minutes
Crisis Intervention Service (2 person team)*	\$ per 15 minutes

\* 2 person team may only be used in non-secured environments.

**\*NOTE: This is all-inclusive. No additional fees will be paid by the County.**

\_\_\_\_\_  
Grossman & Grossman, Ltd.

Firm/Individual

\_\_\_\_\_  
11/16/2015

Authorized Signature and Date  
Phyllis Grossman, Administrative Director

**END OF PRICING SHEET**