

Application Checklist

(Psychiatric)

Complete and return this form as part of your application packet.

APPLICANT	DDDS USE ONLY
Applicant Name: (please print)	
☐ Contractor Intake	☐ Contractor Intake
☐ Applicant Certification and Assurances	☐ Applicant Certification and Assurances
☐ Business License	☐ Business License
☐ Copy of Certificates of Insurance ☐ Professional Liability ☐ General Liability* (See Below)	☐ Copy of Certificates of Insurance ☐ Professional Liability ☐ General Liability* (See Below)
☐ Statement of Agreement	☐ Statement of Agreement

*** Certificate for GENERAL LIABILITY must indicate DSHS as *Additional Insureds* and as *Certificate Holder***
 Information MUST BE word-for-word and cannot be altered with additional restrictions.

Additional Insured Statement:

The State of Washington, Department of Social & Health Services (DSHS), its elected and appointed officials, Agents, and employees of the state, shall be named as an additional insureds.

Certificate Holder Information:

DSHS Enterprise Risk Management Office, Insurance Services, PO Box 45882, Olympia, WA 98504-5882

To Register for Payment, follow the online instructions at:
<http://des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx>