



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

### Solicitation

NUMBER
MHC13123

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

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**MedServ Plus**  
P.O. Box 45  
East Plaestine, OH 44413

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HEALTH AND HUMAN RESOURCES  
JOHN MANCHIN, SR. HEALTH CARE  
  
401 GUFFEY STREET  
FAIRMONT, WV  
26554 304-363-2500

DATE PRINTED
04/04/2013

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1.				ADDENDUM ISSUED TO PROVIDE ANSWERS TO QUESTIONS RECEIVED FOR THIS SOLICITATION.		
2.				TO INFORM VENDORS OF A MANDATORY PRE-BID MEETING SCHEDULED ON THURSDAY, APRIL 11, 2013 AT 1:00PM. THE MANDATORY PRE-BID MEETING WILL BE HELD ON SITE AT JOHN MANCHIN SR. HEALTH CENTER LOCATED AT 401 GUFFEY STREET, FAIRMONT, WV 26554 IN ROOM # 116. MORE INFORMATION ON THE QUESTIONS AND ANSWERS AS ATTACHED.		
3.				TO MOVE THE BID OPENING DATE FROM: APRIL 18, 2013 @ 1:30PM TO: APRIL 22, 2013 @ 1:30PM		
4.				TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.		
04/22/13 08:22:40 AM West Virginia Purchasing Division						
***** END OF ADDENDUM NO. 1 *****						

SIGNATURE <i>Louie Maguire</i>	TELEPHONE 724-622-6527	DATE April 21, 2013
TITLE Account Executive	FEIN 75-3102637	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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

### Solicitation

NUMBER:  
MHC13123

PAGE:  
2

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
ROBERTA WAGNER  
304-558-0067

RFQ COPY  
TYPE NAME/ADDRESS HERE

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HEALTH AND HUMAN RESOURCES  
JOHN MANCHIN, SR. HEALTH CARE  
401 GUFFEY STREET  
FAIRMONT, WV  
26554 304-363-2500

DATE PRINTED:  
04/04/2013

BID OPENING DATE: 04/22/2013 BID OPENING TIME: 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	EA		898-80		
DELL MODEL CTC12D MANUAL OVERHEAD TUBE CRANE SYSTEM						
TO PROVIDE LABOR, MATERIALS AND EQUIPMENT TO PROVIDE AND INSTALL A DELL MODEL CTC12D MANUAL RADIOGRAPHIC SYSTEM OR EQUAL.						
***** THIS IS THE END OF RFQ MHC13123 ***** TOTAL:						\$ 51,000.00

SIGNATURE: *Jane M. Maguire* TELEPHONE: 724-622-6522 DATE: April 21, 2013  
 TITLE: Account Executive FEIN: 75-3102637 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: MHC13123

Addendum Number: 1

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The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

**Applicable Addendum Category:**

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

**Description of Modification to Solicitation:**

1. To provide Answers to Questions regarding the solicitation.
2. To inform Vendors of a scheduled Mandatory Pre-bid meeting.
3. To move the bid opening date from April 18, 21013 to April 22, 2013 @ 1:30 PM
4. To provide Addendum Acknowledgement.

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

**Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

Questions and answers for MHC13123

Question 1 - Reviewing solicitation for bid is it possible for sight visit for dollar value on trade in equipment.

Answer – A mandatory pre-bid will be held on site at John Manchin Sr. Health Care Center located at 401 Guffey Street, Fairmont, WV 26554 in Room 116 on Thursday April 11, 2013 at 1:00 pm. All questions arising from the pre-bid will have to be submitted by Monday April 15, 2013 at 3:00 pm. The bid opening will be extended to Monday April 22, 2013 at 1:30 pm.

Question 2 –I have reviewed RFQ MHC13123 and noticed that the Financial Information Management System Fixed Assets Retirement Cover Sheet (section 3.2 (page 19) is not attached. Should I have this or can I just list a trade in on the Bid Evaluation Sheet?

Answer – A copy of the Financial Information Management Systems Fixed Assets Retirement Cover Sheet will be included in this Addendum, the trade in amount will have to be shown on the Bid Evaluation Sheet.

DATE: 09/26/12  
UBRR: HL#1865

STATE OF WEST VIRGINIA  
FINANCIAL INFORMATION MANAGEMENT SYSTEM  
FIXED ASSETS RETIREMENT COVER SHEET

ORGANIZATION: 0506 HEALTH DIVISION OF  
RETIREMENT ID: F000021972  
DISPOSITION: 04 TRADE IN  
STATUS: LAP SURPLUS APPROVAL  
LOCATION: JOHN MANCHIN SR. HEALTH CARE CENTER  
COMMENTS: TRADE IN

RETIREMENT DATE: 09/24/2012

SURPLUS PROP INSTRUCTIONS: SUBMIT INVOICE UPON COMPLETION IDENTIFYING THE ASSETS T  
TRADED IN AND THE AMOUNT OF CREDIT GIVEN.  
CONTACT NAME: EAMBLA BENSON CONTACT PHONE: 304-558-8789

LINE 1 ASSET ID: 0000348841 TAG NUMBER: 222204200 QUANTITY: 1  
DESCRIPTION: LINEAR X-RAY TUBE SERIAL: F012006  
MODEL: MC-150  
VENDOR: CONDITION: 04 POOR  
ACQ DATE: 01/01/1992 VALUE: \$500.00

LINE 2 ASSET ID: 0000348839 TAG NUMBER: 222204202 QUANTITY: 1  
DESCRIPTION: DYNAMIC CONTROL IMAGING SERIAL: MR1760-1291  
MODEL: 3487  
VENDOR: CONDITION: 04 POOR  
ACQ DATE: 01/01/1991 VALUE: \$500.00

LINE 3 ASSET ID: 0000348840 TAG NUMBER: 222204201 QUANTITY: 1  
DESCRIPTION: VARIAN X-RAY TUBE SERIAL: H207475  
MODEL: RAD 14  
VENDOR: CONDITION: 04 POOR  
ACQ DATE: 01/01/1991 VALUE: \$500.00

LINE 4 ASSET ID: 0000348842 TAG NUMBER: 222204199 QUANTITY: 1  
DESCRIPTION: X-RAY TABLE SERIAL: 361119  
MODEL: 90/15  
VENDOR: CONDITION: 04 POOR  
ACQ DATE: 01/01/1992 VALUE: \$500.00

LINE 5 ASSET ID: 0000348843 TAG NUMBER: 222204197 QUANTITY: 1  
DESCRIPTION: GENERATOR SERIAL: MW6063-0292  
MODEL: 3550  
VENDOR: CONDITION: 04 POOR  
ACQ DATE: 01/01/1992 VALUE: \$500.00

AGENCY APPROVAL

SURPLUS PROPERTY APPROVAL

DATE

DATE

ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.: MHC13123

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

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

Addendum Numbers Received:

(Check the box next to each addendum received)

- Addendum No. 1                       Addendum No. 6
- Addendum No. 2                       Addendum No. 7
- Addendum No. 3                       Addendum No. 8
- Addendum No. 4                       Addendum No. 9
- Addendum No. 5                       Addendum No. 10

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

Addendum No. 1 was received  
on April 13<sup>th</sup> 2013 which was  
After the mandatory Pre-Bid Meeting.  
I was told a FAX WAS ALSO SENT  
TO 330-425-4295 which is a  
phone number and NOT a Fax number.

Med Serv Plus  
Company  
[Signature]  
Authorized Signature  
4/21/13  
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.  
Revised 6/8/2012

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Med Serv Plus  
(Company)

Lori Migliore  
(Authorized Signature)

Lori Migliore Account Manager  
(Representative Name, Title)

866-705-7790  
724-622-6522      866-705-7790  
(Phone Number)      (Fax Number)

April 16, 2013  
(Date)

Rev. 07/12

# State of West Virginia VENDOR PREFERENCE CERTIFICATE

Certification and application\* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. Application is made for 2.5% resident vendor preference for the reason checked:  
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. Application is made for 2.5% resident vendor preference for the reason checked:  
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. Application is made for 2.5% resident vendor preference for the reason checked:  
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. Application is made for 5% resident vendor preference for the reason checked:  
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:  
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:  
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7. Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.  
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Med Serv Plus - Lori Migliore  
Date: 4/16/13

Signed: Lori Migliore  
Title: Account Manager



REQUEST FOR QUOTATION  
MHC13123 Advanced Radiographic System

BID EVALUATION SHEET

Labor, Materials and Equipment to provide and install  
a Dell Model OTC12D Manual Radiographic System  
or equal:

\$ 51,000.<sup>00</sup>

Less Allowance of Trade for Existing X-Ray Equipment: \$ < 1,000.<sup>00</sup> >

**Grand Total**

\$ 50,000.<sup>00</sup>

Vendor's Name: MedServ Plus

Vendor's Address: 11823 State Rt 44

Mantua, OH 44255

Remit to Address: Same

Phone #: 724-622-6522 or 866-705-7790

Fax #: 866-258-0946

E-Mail: lmigliore@medservplus.net

Signature: Leri A Migliore

Award will be made to the lowest Grand Total from a responsible bidder that  
meets all the mandatory requirements.

RFQ No. MHC13123

STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

**MANDATE:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: MED SERV PLUS

Authorized Signature: [Signature] Date: 4/16/13

State of Pennsylvania

County of Allegheny, to-wit:

Taken, subscribed, and sworn to before me this 16<sup>th</sup> day of April, 2013.

My Commission expires 02-03, 2015.

AFFIX SEAL HERE

NOTARY PUBLIC

[Signature]

Purchasing Affidavit (Revised 07/01/2012)

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal  
Donna M. DiGiulio, Notary Public  
Robinson Twp., Allegheny County  
My Commission Expires February 3, 2015



206 East Garfield Road  
Aurora, OH 44202  
866-705-7790  
[www.medservplus.net](http://www.medservplus.net)

**Bid Submission:**

Department of Administration, Purchasing Division  
2019 Washington Street East  
P.O. Box 50130  
Charleston, WV 25305-0130  
April 16, 2013  
#MHC13123

**Ship To:**

Health and Human Resources  
John Manchin, Sr. Health Care  
401 Guffey Street  
Fairmont, WV 26554

MedServ Plus is pleased to present the following proposal for an AmRad Medical OTC, Imaging System to the State of West Virginia; Department of Administration, Purchasing Division for an Advanced Radiographic System as described in RFQ #MHC13072. This system is DR upgradable.

**AmRad AA2 OTC System**

400M, CPI CM40 kW High Frequency generator, 1 phase, 208-230V \$11,240.00

- Up to 400 kHz, 40 kW High Frequency (HF) technology
- kVp range: 40 – 125
- mA stations: 10 – 500
- mAs range: 0.1-500
- Operates from 1-phase 208 – 230
- Technique selections:
  - 1) kVp / mAs
  - 2) kVp / mA / Time
  - 3) Anatomical Programming / cm thickness
  - 4) Anatomical Programming / AEC (optional)
  - 5) kVp with AEC (optional)
- LCD display of all technique factors (mA, kVp, mAs)
- LCD display of Bucky, film speed, distance and focal spot
- Auto-adjust techniques for Bucky, SID and patient conditions
- Tracks 3 film/screen combinations in AEC mode
- Self-calibrating generator
- Built-in tube protection
- Built-in self-diagnostics
- 50 ft. console interconnect cable
- CSA, CE
- Pedestal included

**Radiographic Table S222** \$9,010.00

- Elevating four-way float-top radiographic table (23 in. - 34 in.)
- 10 in. transverse travel, 32 in. longitudinal travel
- 84 in. x 30 in. table top, table height 31.5 in.
- 650 lb. patient rating with table lowering collision protection
- Reciprocation Bucky with Heavy-duty (Poersch type) cassette tray
- Grid: 10:1 ratio, 103 LPI

**Overhead Tube Support J309** \$18,470.00

- Ceiling mounted tube support with 167 in. ceiling rails
- Tube travel: 140 in. longitudinal, 94 in. transverse, 60 in. vertical
- Tube rotation: horizontal axis +/- 120° with 90° detents, vertical axis of +/- 150° with 90° manual detents
- Digital read out for vertical SID indicators and Tube Angulation. (see notation listed below)
- Angulation dial, operator handgrips, and electric locks
- Trunnion tube mount, 6 in. diameter

**Bid Submission: Page 2**  
 Department of Administration, Purchasing Division  
 2019 Washington Street East  
 P.O. Box 50130  
 Charleston, WV 25305-0130  
 April 16, 2013  
 #MHC13123

Wallstand J1000	\$3,809.50
<ul style="list-style-type: none"> <li>• Heavy-duty, center or side mounted wallstand</li> <li>• Reciprocating Bucky with Heavy-duty (Poersch type) cassette tray 02227</li> <li>• Grid: 10:1 ratio, 103 LPI</li> <li>• Electric lock</li> </ul>	
Standard X-Ray Tube	\$4,556.50
<ul style="list-style-type: none"> <li>• 01382 – Varian X-Ray Tube 0.6 - 1.2 mm focal spots, 300,000 heat units</li> </ul>	
Cables	\$1,398.00
<ul style="list-style-type: none"> <li>• J995 - 75 ft. high voltage cables, 150 kVp</li> </ul>	
Collimator 05658	\$1,889.00
<ul style="list-style-type: none"> <li>• Collimaire Certified 150kVp manual collimator with swivel mount , transverse and longitudinal laser light lines, tray positioning laser, light field and tape measure</li> </ul>	
Remote Table Handswitch (for table top float)	\$174.00
Overhead Patient Handgrips for wall stand	\$453.00

<b>Total Installed Cost to John Manchin Sr. Health Care Fairmont, WV</b>	<b>\$51,000.00</b>
<b>Trade-In Existing Equipment</b>	<b><u>-\$1,000.00</u></b>
<b>Final Cost</b>	<b>\$50,000.00</b>

OPTIONS:

Automatic Exposure Control (AEC).....Add \$4,350.00  
 Includes Electronics and 2 ion Chambers

TERMS:

**Taxes & Duties:** Tax exempt information required upon order.

**Warranty:** 60 Months Parts except x-ray tube  
 60 Months pro-rated x-ray tube  
 12 Months Labor

**Installation/De-installation/Applications:** Included

**Freight:** FOB Destination per bid specification.

**Payment Terms:** Per bid specification.

**Notation:** The AmRad Overhead Tube Crane has a digital SID and Tube Angulation read out as does the DEL OTC12D system. The Del offers a touchscreen digital display for generator settings, but the touchscreen features are for changing generator settings, only if the generator is a Siemens Generator and will not work with a CPI generator. The touchscreen functionality on the Del system otherwise has no additional benefit over the system quoted above.

*Lori Migliore* 4/21/13  
 \_\_\_\_\_ Date  
 Lori Migliore  
 Account Manager  
 MedServ Plus, Inc.  
 866-705-7790 office  
 724-622-6522 cell  
 lmigliore@medservplus.net

\_\_\_\_\_  
 Authorized Signature Date



# CERTIFICATE OF LIABILITY INSURANCE

OP ID DK

DATE (MM/DD/YYYY)

11/30/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Leonard Insurance Serv Agy Inc PO Box 9160 Canton OH 44711-9160 Phone: 330-266-1904 Fax: 330-498-9946	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: <b>MEDSE-1</b>		FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> MedServ Plus, Inc. Craig McCowin 11823 State Route 44 Mantua OH 44255	<b>INSURER A:</b> State Automobile Mutual Ins.Co		<b>NAIC #</b> 13037
	<b>INSURER B:</b> Cincinnati Specialty Company		
	<b>INSURER C:</b> Travelers Property Casualty		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CSU0014052	10/06/12	10/06/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000000
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>							\$ 100000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/CP AGG \$ 2000000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAP2360698	10/01/12	10/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$							\$ \$ \$ \$
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	IJUB3377T60811	12/01/12	12/01/13	WC STATUTORY LIMITS E.L. EACH ACCIDENT	\$ \$ \$ \$ \$ 1000000
	E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000							\$ \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Re: #MHC13072

<b>CERTIFICATE HOLDER</b>  STATEWV State of West Virginia Dept of Admin, Purchasing Div 2019 Washington Street East PO Box 50130 Charleston WV 25305-0130	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> Douglas R. Malcolm

SUMMIT INDUSTRIES,LLC.



YOUR PARTNER IN RADIOGRAPHY

April 11, 2013

Lori Migliore  
MedServ Plus  
11823 State Route 44  
Mantua, OH 44255

RE: AmRad™ Medical Radiographic Systems

Dear Lori:

The purpose of my letter is to provide you with the information that you have requested about the AmRad™ Medical branded radiographic systems that are developed, manufactured and distributed by Summit Industries, LLC. Summit Industries was founded in 1984 in Chicago, IL by Jim Walsh, who remains active as the Chairman, and has continued to operate from the same facility for the past 28+ years.

All components for the AmRad™ Medical x-ray systems assembled, inspected and shipped from our Chicago, IL facility. Some components such as x-ray tubes, high voltage cables, collimators and generators are sourced from other manufacturers and integrated with the AmRad™ Medical x-ray systems. Complete documentation including Technical Data Sheets, Installation, Service and Parts manuals are available and provided with all AmRad™ Medical x-ray systems.

Please let me know if there is any other information that you require.

Sincerely,

  
M. Thomas Boon

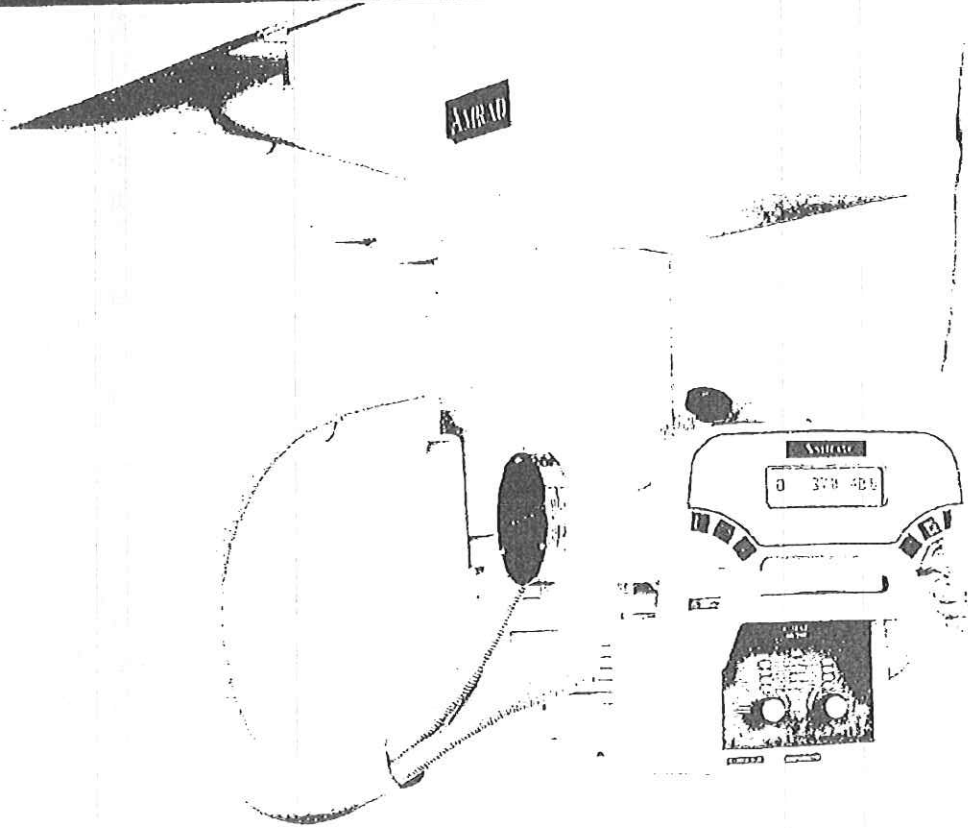
President

cc: C. McCowan

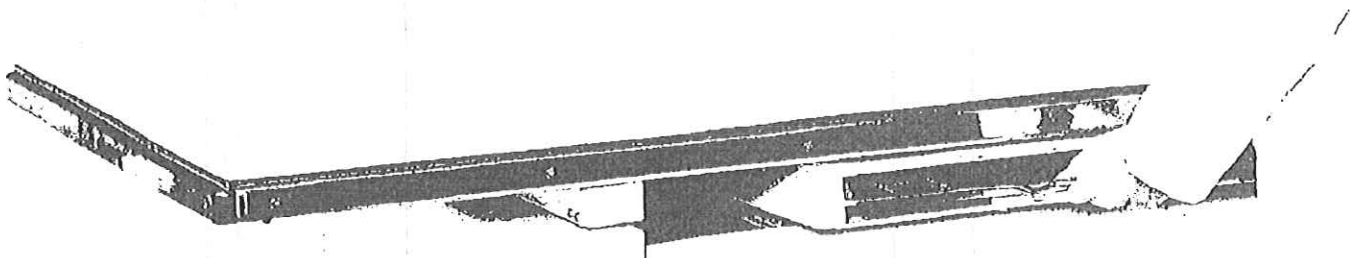
K. Lucas

# AMRAD™

## Overhead Tube Support



EXAMINE  
WHAT AMRAD™  
CAN DO FOR YOU.



AMRAD

Take a closer look

# AMRAD ADVANTAGE OVERHEAD TUBE SUPPORT.

## Reliable

AMRAD™ is known for innovative development and quality workmanship in radiographic systems and components. AMRAD™ products help physicians provide top-quality health care for their patients every day. Each component has been designed for long-term durability under heavy patient volume conditions. Backed by a five-year parts warranty, AmradAdvantage radiographic equipment offers exceptional performance, reliability and long-term investment value.

## Versatile

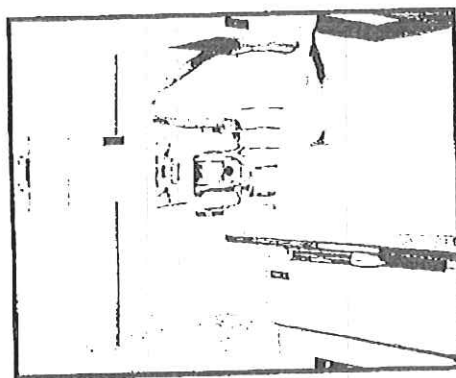
The Overhead Tube Support (OTS) is ideal for sophisticated imaging environments. Gliding smoothly through a complete range of motion, the OTS offers flexibility and efficiency for performing a full array of anatomical studies with precision and ease.

Longitudinal rails afford virtually unlimited travel for complete tabletop coverage. The extensive vertical travel permits exams ranging from skull through weight bearing. The tube head rotates 300 degrees around the telescopic vertical column and 240 degrees around the horizontal axis with positive detents every 90 degrees, simplifying table, off-table and upright procedures. Tube trunnion rings permit unrestricted cross-table imaging.

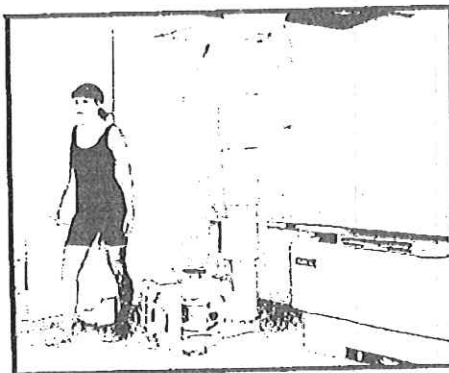
## Accurate

The fully counterbalanced, telescopic column with double cable safety system allows zero drift, ensuring safe and accurate operation.

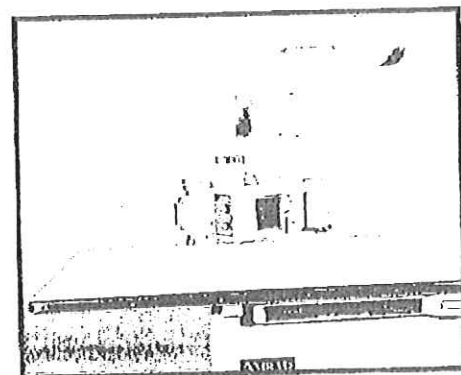
The overhead structure rides on stainless steel precision bearings and hardened steel tracks to ensure sturdy, vibration-free positioning. Electromagnetic locks control all movements. Individual lock releases are conveniently located on the user-friendly operator handle including a center mounted, single-button all-lock release for quick positioning of the tube in emergency situations. Solid-state liquid crystal displays on the operator handle provide clear visual indications of the Source Image Distance to the tabletop and bucky, as well as the tube angle. Designed to accommodate high patient volumes, the OTS maximizes efficiency and simplifies precise tube positioning.



Upright procedure shown with OTS and self-centering wall cassette stand.



Weight bearing procedures shown with OTS and self-centering wall cassette stand.



Cross-table procedures shown with OTS and elevator table.

## Worldwide Support

AMRAD™ radiographic products are backed by an exclusive, worldwide dealer network for support and service. This exceptional group of professionals is dedicated to providing you with unequaled products and services.

LITR007 0905

Shown on cover: OTS and elevator table

# AMRAD™

2901 W. Lawrence Ave. • Chicago, IL 60625 • 888-77-AMRAD (888-772-6723) • Fax 773-588-3424 • [www.amradxray.net](http://www.amradxray.net)