



West Virginia Purchasing Division

2019 Washington Street, East
Charleston, WV 25305
Telephone: 304-558-2306
General Fax: 304-558-6026
Bid Fax: 304-558-3970

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

Header

List View

- General Information
- Contact
- Default Values
- Discount
- DocumentInformation

Procurement Folder: 144145	SO Doc Code: CRFQ
Procurement Type: Central Master Agreement	SO Dept: 0506
Vendor ID: VS0000008400	SO Doc ID: JWH1600000004
Legal Name: Choice Respiratory & Medical Equipment, Inc.	Published Date: 12/22/15
Alias/DBA: Choice Medical	Close Date: 1/19/16
Total Bid: \$256,800.00	Close Time: 13:30
Response Date: 01/19/2016	Status: Closed
Response Time: 12:33	Solicitation Description: Misc. Oxygen and breathing supplies for JWH residents
Total of Header Attachments: 0	
Total of All Attachments: 0	



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

**State of West Virginia
 Solicitation Response**

Proc Folder : 144145

Solicitation Description : Misc. Oxygen and breathing supplies for JWH residents

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
	2016-01-19 13:30:00	SR 0506 ESR01191600000003046	1

VENDOR

VS0000008400

Choice Respiratory & Medical Equipment, Inc.

Choice Medical

FOR INFORMATION CONTACT THE BUYER

April Battle
 (304) 558-0067
 april.e.battle@wv.gov

Signature X FEIN # DATE

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	E Cylinder Oxygen Tank Refills	576.00000	EA	\$25.000000	\$14,400.00

Comm Code	Manufacturer	Specification	Model #
42171911			

Extended Description : Section 4.1.1 in the specifications.
Pricing estimate is to reflect one years' usage

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Rentals of Oxygen Concentrators	240.00000	EA	\$800.000000	\$192,000.00

Comm Code	Manufacturer	Specification	Model #
42271702			

Extended Description : Section 4.1.2. in the specifications.
Pricing estimate is to reflect one years' usage

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Rentals of CPAP Machines	24.00000	EA	\$750.000000	\$18,000.00

Comm Code	Manufacturer	Specification	Model #
42272223			

Extended Description : Section 4.1.3 in the specifications.
Pricing estimate is to reflect one years' usage.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Rentals of BIPAP Machines	24.00000	EA	\$1,350.000000	\$32,400.00

Comm Code	Manufacturer	Specification	Model #
42272223			

Extended Description : Section 4.1.4 in the specifications.
Pricing estimate is to reflect one years' usage.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/6/2015

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).

PRODUCER Trustpoint Insurance 2343 Front St Richlands VA 24641		CONTACT NAME: Nancy McGinnis, ACSR PHONE (A/C, No, Ext): (276) 963-1021 E-MAIL ADDRESS: nmcginnis@trustpointins.com FAX (A/C, No): (888) 872-5496	
INSURED Choice Respiratory & Medical Equipment, Inc. dba Choice Medical 495 Blue Prince Road, Ste. 101 Bluefield WV 24701		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Hanover Insurance Company	NAIC # 22292
		INSURER B: Massachusetts Bay Ins. Co.	NAIC # 22306
		INSURER C: Guarantee Insurance Company	NAIC # 11398
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1552005497 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZHR916351604	5/19/2015	5/19/2016	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							Professional Liability \$ Included
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ADR9127569	5/19/2015	5/19/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			UHR916352004	5/19/2015	5/19/2016	EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A	WCP100682104GIC	05/19/2015	05/19/2016	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Crime/Theft/Client's Property			ZHR916351604	05/19/2015	05/19/2016	\$50,000 Limit

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

CERTIFICATE HOLDER Insured's Copy 495 Blue Prince Road, Ste. 101 Bluefield, WV 24701	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Barry Alley/NEG 