



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

**Solicitation**

NUMBER
BCF13118

PAGE
1

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

VENDOR

\*709010715      717-545-5787  
 PRIMECARE MEDICAL OF WV INC  
 3940 LOCUST LANE  
 HARRISBURG PA 17109

SHIP TO

HEALTH AND HUMAN RESOURCES  
 WEST VIRGINIA CHILDRENS HOME  
 230 HEAVNER AVENUE  
 ELKINS, WV  
 26241      304-636-0577

DATE PRINTED
03/28/2013

BID OPENING DATE: 04/11/2013      BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
1.				ADDENDUM ISSUED TO PROVIDE ANSWER TO QUESTIONS REGARDING THE ORIGINAL RFQ. QUESTIONS AND ANSWERS ARE ATTACHED.		
2.				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.		
				***** END OF ADDENDUM NO. 1 *****		

SIGNATURE <i>Carol Hoffmann, ASE, CCP</i>	TELEPHONE 717-545-5787	DATE 04/11/2013
TITLE President	FEIN 25-1816888	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
BCF13118

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1

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

VENDOR

RFQ COPY  
 TYPE NAME/ADDRESS HERE

SHIP TO

HEALTH AND HUMAN RESOURCES  
 WEST VIRGINIA CHILDRENS HOME  
  
 230 HEAVNER AVENUE  
 ELKINS, WV  
 26241 304-636-0577

DATE PRINTED
03/12/2013

BID OPENING DATE:

04/11/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	QAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1,040	HR		964-65		
OPEN-END CONTRACT						
TEMPORARY REGISTERED NURSE PER THE ATTACHED SPECS.  THE WEST VIRGINIA CHILDRENS'S HOME, BUREAU FOR CHILDREN AND FAMILIES (BCF), REGION III IS SOLICITING BIDS FOR TEMPORARY NURSE STAFFING SERVICES TO PROVIDE A REGISTERED NURSE AT THE WV CHILDREN'S HOME AT 230 HEAVNER AVENUE, ELKINS, WV 26241, PER THE ATTACHED DETAILED SPECIFICATIONS.						
***** THIS IS THE END OF RFQ BCF13118 *****						TOTAL: YR 1 = \$36,597.60
04/11/13 12:20:48 PM West Virginia Purchasing Division						

SIGNATURE <i>Carl A. Hoff, Jr., CMAA</i>	TELEPHONE 717-545-5787	DATE 04/11/2013
TITLE President	FEIN 25-1816888	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
BCF13118

PAGE
2

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

VENDOR	*709010715      717-545-5787
	PRIMECARE MEDICAL OF WV INC
	3940 LOCUST LANE
	HARRISBURG PA 17109

SHIP TO	HEALTH AND HUMAN RESOURCES
	WEST VIRGINIA CHILDRENS HOME
	230 HEAVNER AVENUE
	ELKINS, WV 26241      304-636-0577

DATE PRINTED
03/28/2013

BID OPENING DATE: 04/11/2013      BID OPENING TIME: 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEMNUMBER	UNIT PRICE	AMOUNT
0001	1,040	HR		964-65		
TEMPORARY REGISTERED NURSE PER THE ATTACHED SPECS.						
***** THIS IS THE END OF RFQ BCF13118 ***** TOTAL:						YR 1 = \$36,597.60

SIGNATURE	<i>Carla Hoff</i>	TELEPHONE	717-545-5787	DATE	04/11/2013
TITLE	President	FEN	25-1816888	ADDRESS CHANGES TO BE NOTED ABOVE	

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

REQUEST FOR QUOTATION  
BCF13118 Registered Nurse Staff Services

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**11. MISCELLANEOUS:**

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

**Contract Manager:** Rebecca F. Davis, RN, BSN  
**Telephone Number:** (304) 266-9003  
**Fax Number:** (717) 364-1328  
**Email Address:** rdavis@primecaremedical.com

BCF13118 Registered Nurse Staff Services  
Pricing Page

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Item #	Estimated Annual Quantity:	Description:	Unit Price:	Total Price:
1.	1040 hours	Registered Nurse	\$35.19 /Per hr.	\$36,597.60 (Yr. 1)
Annual increases shall be based upon the previous year's average consumer price index (CPI) for medical services, but shall be no less than 3.0%.				

Award will be made to the responsible bidder meeting specifications with the lowest Total Price.

Vendor Name: PrimeCare Medical of West Virginia, Inc.


Address: 3940 Locust Lane

Harrisburg, PA 17109

E-Mail: fkomykoski@primecaremedical.com

Fax#: (717) 651-1866

Phone#: (717) 545-5787

Signature:  Date: 04/11/2013

**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.

PrimeCare Medical of West Virginia, Inc.  
(Company)

Carl A. Hoffman, Jr., D.O., D.Sc., CCHP  
(Authorized Signature)

Carl A. Hoffman, Jr., D.O., D.Sc., CCHP, President  
(Representative Name, Title)

(717) 545-5787                      ( 717) 651-1866  
(Phone Number)                      (Fax Number)

04/11/2013  
(Date)

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BCF13118**

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

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

**Addendum Numbers Received:**

(Check the box next to each addendum received)

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

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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.

PrimeCare Medical of West Virginia, Inc.

\_\_\_\_\_  
Company

*Carl A. Huff, DSA, CCO*  
\_\_\_\_\_  
Authorized Signature

04/11/2013

\_\_\_\_\_  
Date

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

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: PrimeCare Medical of West Virginia, Inc.

Authorized Signature: *Carol Hoff, D.O., C.C.P.* Date: 04/11/2013

State of Pennsylvania

County of Dauphin, to-wit:

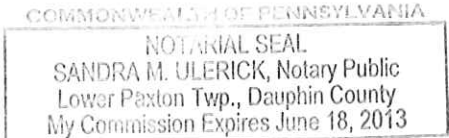
Taken, subscribed, and sworn to before me this 11<sup>th</sup> day of April, 2013.

My Commission expires June 18, 2013

**AFFIX SEAL HERE**

**NOTARY PUBLIC** *Sandra M. Ulerick*

*Purchasing Affidavit (Revised 07/01/2012)*







# CERTIFICATE OF LIABILITY INSURANCE

PRIME-1

OP ID: JD

DATE (MM/DD/YYYY)

03/13/2013

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 Northeast Ins & Fin Consultant 10 Meadow Avenue Scranton, PA 18505 Anthony Dileo	Phone: 570-344-5150	CONTACT NAME: Anthony DiLeo	FAX (A/C, No): 570-558-3745
	Fax: 570-558-3745	PHONE (A/C, No, Ext): 570-344-5150	
		E-MAIL ADDRESS: adnifc@comcast.net	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Mt. Hawley Insurance Co.	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED  
PrimeCare Medical, Inc. &  
PrimeCare Medical of West  
Virginia, Inc.  
3940 Locust Lane  
Harrisburg, PA 17109

## 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 SUBR INSR WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		MMM0000010	03/16/2013	03/16/2014	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> Medical Prof Liab					PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 10,000,000
						PRODUCTS - COMP/OP AGG	\$
							\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB					EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR				AGGREGATE	\$
		<input type="checkbox"/> CLAIMS-MADE					\$
		DED				WC STATUTORY LIMITS	
		RETENTION \$				OTHER	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					E.L. EACH ACCIDENT	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Evidence of Insurance for Certificate Holder listed below naming Legal Entity: Dr. Carl A. Hoffman Jr., D.O.

## CERTIFICATE HOLDER

## CANCELLATION

WESTV-2

West Virginia Children's Home  
230 Heavner Avenue  
Elkins, WV 26241

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

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# CERTIFICATE OF LIABILITY INSURANCE

PRIME-1

OP ID: JD

DATE (MM/DD/YYYY)

03/13/2013

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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 Northeast Ins & Fin Consultant 10 Meadow Avenue Scranton, PA 18505 Anthony Dileo	Phone: 570-344-5150	CONTACT NAME: Anthony DiLeo	FAX (A/C, No): 570-558-3745
	Fax: 570-558-3745	PHONE (A/C, No, Ext): 570-344-5150	FAX (A/C, No): 570-558-3745
		E-MAIL ADDRESS: adnifc@comcast.net	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Mt. Hawley Insurance Co.	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED  
PrimeCare Medical, Inc. &  
PrimeCare Medical of West  
Virginia, Inc.  
3940 Locust Lane  
Harrisburg, PA 17109

## 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	
A	GENERAL LIABILITY			MMM0000010	03/16/2013	03/16/2014	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> Medical Prof Liab						PERSONAL & ADV INJURY	\$
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 10,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$
								\$
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$
								\$
UMBRELLA LIAB <input type="checkbox"/> OCCUR							EACH OCCURRENCE	\$
EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							AGGREGATE	\$
<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$								\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> N/A							WC STATUTORY LIMITS	OTHER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>							E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

Evidence of Insurance for Certificate Holder added as an Additional Insured naming all PrimeCare Medical Inc.'s Employed Non-Physician Healthcare Providers.

## CERTIFICATE HOLDER

WESTV-2

West Virginia Children's Home  
230 Heavner Avenue  
Elkins, WV 26241

## 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

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# CERTIFICATE OF LIABILITY INSURANCE

PRIME-1

OP ID: 8

DATE (MM/DD/YYYY)

03/15/13

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> Enders Insurance Associates 5912 Linglestown Road P O Box 6118 Harrisburg, PA 17112-0118 Donald E. Enders, Jr, CIC, CPCU	717-652-4902	<b>CONTACT NAME:</b>	
		<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
		<b>E-MAIL ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Cincinnati Insurance Company	<b>NAIC #</b> 10677
		<b>INSURER B:</b> AmWins Brokerage of	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**INSURED**  
 PrimeCare Medical Inc  
 PrimeCare Medical of WV Inc  
 PrimeCare Medical of NY Inc  
 3940 Locust Lane  
 Harrisburg, PA 17109

**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
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			CPP 081 63 72	01/01/12	01/01/13	EACH OCCURRENCE \$ 1,000,0
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,0
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,0
							PERSONAL & ADV INJURY \$ 1,000,0
							GENERAL AGGREGATE \$ 2,000,0
							PRODUCTS - COM/OP AGG \$ 2,000,0
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			CAA 587 96 61	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,0
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			CPP 081 63 72	01/01/12	01/01/13	EACH OCCURRENCE \$ 15,000,0
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 15,000,0
	<input checked="" type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ None						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			NH WC927468331174 WV & PA WC10014205	09/01/12	09/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 500,0
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,0
							E.L. DISEASE - POLICY LIMIT \$ 500,0

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

**CERTIFICATE HOLDER****CANCELLATION**

WVCHILD

West Virginia Children's Home  
 WV

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  
 Donald E. Enders, Jr, CIC, CPCU

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**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
03/13/2013

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 Northeast Ins & Fin Consultant 10 Meadow Avenue Scranton, PA 18505 Anthony Dileo	Phone: 570-344-5150 Fax: 570-558-3745	CONTACT NAME: Anthony DiLeo PHONE (A/C, No, Ext): 570-344-5150 E-MAIL ADDRESS: adnifc@comcast.net	FAX (A/C, No): 570-558-3745
	INSURER(S) AFFORDING COVERAGE INSURER A: Mt. Hawley Insurance Co.		NAIC #
INSURED PrimeCare Medical, Inc. & PrimeCare Medical of West Virginia, Inc. 3940 Locust Lane Harrisburg, PA 17109	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		

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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
A	GENERAL LIABILITY			MMM0000010	03/16/2013	03/16/2014	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> Medical Prof Liab						PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$ 10,000,000
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A				E.L EACH ACCIDENT	\$
							E.L DISEASE - EA EMPLOYEE	\$
							E.L DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Evidence of Insurance for Certificate Holder added as an Additional Insured listed below

CERTIFICATE HOLDER  WESTV-2  West Virginia Children's Home 230 Heavner Avenue Elkins, WV 26241	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 

April 11, 2013

Department of Administration, Purchasing Division  
Attention: Roberta Wagner  
2019 Washington Street East  
PO Box 50130  
Charleston, WV 25305-0130

**RE: West Virginia Children's Home  
RFQ – BCF13118**

Dear Ms. Wagner:

**PrimeCare Medical of West Virginia, Inc.** is pleased to submit this **Pricing Proposal** through yourself and the West Virginia Purchasing Division to the **WVDHHR / West Virginia Children's Home, Bureau for Children and Families, Region III** for the provision of resident/patient health care services at the **West Virginia Children's Home**. **PrimeCare Medical of West Virginia, Inc.** accepts the RFQ in its entirety and has no exceptions to the contractual terms, conditions, or requirements of the RFQ, except as follows. **PrimeCare Medical of West Virginia, Inc.** is not capable of conducting independent transports of residents/patients to and/or from any off-site appointment; however will assist the staff of the **West Virginia Children's Home** with such transports should we be requested to do so during normally scheduled nursing hours.

**PrimeCare Medical of West Virginia, Inc.** began its special "partnership" with the **State of West Virginia** over twenty (20) years ago, on February 22, 1993, when it assumed medical operations at the Eastern Regional Jail. **PrimeCare Medical of West Virginia, Inc.** has since expanded its operations to include eleven (11) facilities under the jurisdiction of the **West Virginia Regional Jail and Correctional Facility Authority**, as well as eleven (11) Juvenile Correctional and Detention facilities under the jurisdiction of the **West Virginia Division of Juvenile Services**. Additionally, **PrimeCare Medical of West Virginia, Inc.** began providing health care services to the resident/patient population at the **West Virginia Children's Home** on March 12, 2012.

Recognizing this "special relationship" with the **State of West Virginia**, **PrimeCare Medical of West Virginia, Inc.** was formed as a domestic West Virginia corporation on July 28, 1998, which is now located at 89 Richard Minnich Drive, Suite 102B, Sutton, West Virginia. Accordingly, **PrimeCare Medical of West Virginia, Inc.** is a recognized Corporation in West Virginia, paying local property taxes at each of its facilities, as well as the Health Care Provider Tax. We employ "266" West Virginia Nurses, Medical Assistants, and Administrative

Department of Administration, Purchasing Division  
April 11, 2013  
Page 2

Assistants; as well as Physicians, Dentists, Psychologists, Psychiatrists and "28" other Independent Sub-Contractors.

Now, celebrating its "27<sup>th</sup>" Year Anniversary, **PrimeCare Medical, Inc.** and **PrimeCare Medical of West Virginia, Inc.** have continued to build and expand its leadership and support structures for all contracted facilities. The **Vice President of West Virginia Operations** is **Rebecca Davis, RN, CCHP**. Ms. Davis works very closely with the **West Virginia Division of Juvenile Services** and the **West Virginia Children's Home** and provides all direct clinical and operational supervision to these facilities. Ms. Davis and her staff are available to the **West Virginia Children's Home** and its staff to assist to resolve any medical emergencies and other complex issues inevitably arising in juvenile medicine. As a result of this proven "TEAM" approach, **PrimeCare Medical of West Virginia, Inc.** is in an excellent position to continue to improve and efficiently operate the Medical Departments of the **West Virginia Children's Home**.

If there are questions or concerns, please do not hesitate to call **Rebecca F. Davis; Francis J. Komykoski, Sr., Todd W. Haskins; or myself**. These are the only four (4) officers that are authorized to speak on behalf of the Company or negotiate contractual provisions for this contract.

Sincerely,



Carl A. Hoffman, Jr., D.O., D.Sc., CCHP  
President and Corporate Medical Director

CAH/dgh

CC: Rebecca F. Davis, RN, CCHP, Vice President of WV Operations  
Francis J. Komykoski Sr., MBA, CCHP, Vice President of Operations  
Todd W. Haskins, RN, BSN, CCHP, Vice President of Operations