

REF: Solicitation CME13068 – Mobile Morgue Trailer

To whom it may concern:

Wanted to thank you for the opportunity to bid on this project.
We are a small veteran owned business in Illinois. We have been
in business since 1993.

We have been making mobile morgue trailers since 2008. At present
we have manufactured and sold about 65 units nationally. We pride
ourselves on adjusting to the needs of our customers.

I have enclosed a brochure on our standard Mobile Morgue Trailer
as well as some pictures of a different type of racking system we
provided a state department of health with per their spec's.
We delivered four (4) trailers to them.

Best regards,



Bob Harty, CEO

BH/sp
encl.

RECEIVED

2012 OCT 11 AM 9:43

WV PURCHASING
DIVISION

REQUEST FOR QUOTATION
CME13068 – REFRIGERATED MORGUE TRAILER

BID EVALUATION

Desired Item #	Quantity	Description	Unit Price	Total
#1 (3.1.1)	1	Refrigerated Morgue Trailer that includes a generator, refrigeration unit, cadaver rack system, and warranties.	\$44,900.00	\$44,900.00
Total Bid Price				\$44,900.00

THIS IS A ONE-TIME PURCHASE OF A REFRIGERATED MORGUE TRAILER THAT INCLUDES A GENERATOR, REFRIGERATION UNIT, CADAVER RACK SYSTEM, AND WARRANTIES PER THE REQUIRED SPECIFICATIONS HEREIN.

DESIRED ITEM MUST BE SHIPPED F.O.B. DESTINATION.

AGENCY WILL EVALUATE BIDS BASED ON TOTAL BID PRICE. A CONTRACT WILL BE AWARDED TO THE VENDOR THAT PROVIDES THE DESIRED ITEM MEETING THE REQUIRED SPECIFICATIONS FOR THE LOWEST OVERALL TOTAL BID PRICE.

PAYMENT TO VENDOR WILL BE MADE IN ARREARS AFTER DELIVERY, INSPECTION, AND 100% ACCEPTANCE OF DESIRED ITEM BY AGENCY.

Vendor Name: HAZMAT MEDICAL

Vendor Address: PO BOX 483
NEW LENOX, IL. 60451

Vendor Telephone Number: 815-469-0008

Vendor Fax Number: 815-469-0047

Vendor Email: bharty@hazmatmedical.com

Vendor Authorized Representative: Bob Harty
(Please Print)

Vendor Authorized Representative Signature: 

Date: 10/10/12

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.

HAZMAT MEDICAL

(Company)

BOB HARTY, CEO

(Representative Name, Title)

815-469-0008 Fax-815-469-0047

(Contact Phone/Fax Number)

OCTOBER 10, 2012

(Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CME13068

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 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.

HAZMAT medical

 Company

[Signature]

 Authorized Signature

10/9/12

 Date

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SOLICITATION NO.: CME13068

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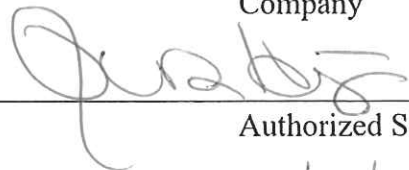
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- | | |
|--|--|
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HAZMAT medical
 Company

 Authorized Signature
10/9/12
 Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

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 exceed 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: HAZMAT MEDICAL

Authorized Signature: *Bob Henry* Date: 10/10/12

State of Illinois

County of Will, to-wit:

Taken, subscribed, and sworn to before me this 10th day of October, 2012.

My Commission expires _____, 20____.



AFFIX SEAL HERE

NOTARY PUBLIC *Sheila A. Paravich*

HAZMAT MEDICAL INTRODUCES THE NATION'S LEADING



"HIGHEST QUALITY" MOBILE MORGUE TRAILER!



Ramp Door



Fold-Up Racks / Exit Door



Front Wall / Refrig. Unit



Racks Down with Tray

BUILT "TOUGH" BY CERTIFIED ISO - MEDICAL TRAILER MANUFACTURER

INCLUDES:

- ELECTRIC GENERATOR + SHORE LINE CONNECTION
- 20-STAINLESS STEEL BODY TRAYS
- FRONT WALL MOUNTED REFRIG (BETTER CLEARANCE)
- 8' X 8' X 16' TRAILER - DUAL AXLE
- 20 FATALITY CAPACITY
- FOLD DOWN RACKS
- 2 - 50' SHORELINES



WWW.HAZMATMEDICAL.COM
1-800-462-4002

HAZMAT MEDICAL IS A PARAMEDIC / FIREFIGHTER,
VIETNAM ERA VETERAN OWNED BUSINESS

SEE COMPARISON CHART ON REVERSE SIDE





