



206 East Garfield Road
Aurora, OH 44202
866-705-7790
www.medservplus.net

Bid Submission:

Department of Administration, Purchasing Division
2019 Washington Street East
P.O. Box 50130
Charleston, WV 25305-0130
December 11, 2012
#MHC13072

Ship To:

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

Dear Roberta,

It is our pleasure to provide you with the information, as requested, for the Medical Imaging equipment as described in the solicitation request for the John Manchin, Sr. Health Care facility in Fairmont WV.

Included in this packet, you will find the following:

1. Completed and Signed RFQ, Purchasing Affidavit, Bid Evaluation, Vendor Preference Certificate, Certification and Signature Page, Addendum Acknowledgement Form, and completed Solicitation document.
2. Insurance Documentation
3. US Steel, Aluminum and Glass preference documentation.
4. Detailed Proposal for imaging equipment as requested.
5. Equipment brochures
6. Optional items included on bid:
 - a) Optioned reciprocating bucky for Wall Stand as it was not clearly defined in the bid specifications as grid holder or bucky.
 - b) Del manufactured 40kW single phase generators do not have 150 kVp output except in 3 phase power. Optioned 40kW Sedecal HF generator to give 150 kVp output as detailed in the requested specifications.
7. Acceptance and Copy of Addendum for equipment specification changes:
 - a) OTC12D to replace CTM2020
 - b) 300,000 HU tube to replace 200,000 HU tube
8. Trade-in detailed on attached quotation.

Should you have any questions regarding this proposal, please do not hesitate to call me at any time. Thank you for the opportunity to submit our bid in this process.

Best regards,


Lori Migliore
Account Manager
MedServ Plus
724-622-6522 cell
lmigliore@medservplus.net

12/07/12 10:19:25 AM
West Virginia Purchasing Division



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

Solicitation

NUMBER
MHC13072

PAGE
1

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

VENDOR

MEDSERV PLUS
 PO BOX 45
 EAST PALESTINE, OH 44413
 MedServ Plus
 206 East Garfield Road
 Aurora, OH 44202

SHIP TO

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

DATE PRINTED
11/01/2012

BID OPENING DATE: 12/11/2012 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	EA		898-80		
THE STATE OF WEST VIRGINIA AND ITS AGENCY THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES (DHHR), JOHN MANCHIN SR. HEALTH CARE CENTER, REQUEST A QUOTE TO PROVIDE A DELL MODEL CTM2020 ADVANCED RADIOGRAPHIC SYSTEM OR EQUAL PER THE ATTACHED SPECIFICATIONS. BID OPENING: DECEMBER 11, 2012 AT 1:30PM REFERENCE ATTACHED INSTRUCTIONS TO BIDDERS. SINGLE PHASE HIGH-FREQUENCY GENERATOR REQUEST FOR QUOTATION TO PROVIDE AN ADVANCED RADIOGRAPHIC SYSTEM DELL MODEL CTM2020 ADVANCED RADIOGRAPHIC SYSTEM OR EQUAL PER THE ATTACHED SPECIFICATIONS.						
					See Enclosed Quotation for itemized pricing	
0002	1	EA		898-80		
FOUR WAY FLOAT TOP ELEVATING TABLE						

SIGNATURE <i>Law M. Migliore</i>	TELEPHONE 724-622-6522	DATE 12/11/12
TITLE Account Manager	FEIN	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

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MHC13072

PAGE
2

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

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE

MedServ Plus
 206 East Garfield Road
 Aurora, OH 44202

SHIP TO

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

DATE PRINTED
 11/01/2012

BID OPENING DATE: 12/11/2012 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0003	1	EA		898-80 CEILING MOUNTED TUBE CRANE		
0004	1	EA		898-80 VERTICAL WALL STAND		
0005	1	EA		898-80 X-RAY TUBE 200,000 BTU HEAT UNIT		
0006	1	EA		898-80 MANUAL COLLIMATOR WITH LASER LIGHT AND SWIVEL MOUNT.		
0007	1	EA		898-80 150 KVP APR CONSOLE.		

SIGNATURE <i>Law Migliore</i>	TELEPHONE 724-622-6522	DATE 12/11/12
TITLE Account Manager	FEIN	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
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3

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

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE
 MedServ Plus
 206 East Garfield Road
 Aurora, OH 44202

SHIP TO

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

DATE PRINTED
11/01/2012

BID OPENING DATE: 12/11/2012 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0008	1	EA		898-80		
75 KV HIGH VOLTAGE CABLES FOR POSITIVE AND NEGATIVE						
Trade-In						\$58,145.00
						-\$1,000.00
***** THIS IS THE END OF RFQ MHC13072 ***** TOTAL:						\$57,145.00

SIGNATURE <i>[Signature]</i>	TELEPHONE 724-622-6522	DATE 12/11/12
TITLE Account Manager	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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

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

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

PAGE: 1

ORGANIZATION: 0506 HEALTH DIVISION OF
RETIREMENT ID: F000021972 RETIREMENT DATE: 09/24/2012
DISPOSITION: 04 TRADE IN
STATUS: AAP SURPLUS APPROVAL
LOCATION: JOHN MANCHIN SR. HEALTH CARE CENTER
COMMENTS: TRADE IN

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

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

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

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

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

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

AGENCY APPROVAL

SURPLUS PROPERTY APPROVAL

DATE

DATE

REQUEST FOR QUOTATION
MHC13072 Advanced Radiographic System

0024

BID EVALUATION SHEET

Vendor Bid Amount for Dell Model CTM2020
Advanced Radiographic System or equal: \$ 58,145.00
Less Allowance of trade for existing X-Ray Equipment: \$- (1,000.00)
Grand Total \$ 57,145.00

Vendor's Name: MedServ Plus


Vendor's Address: 206 East Garfield Road
Aurora, OH 44202

Remit to Address: 206 East Garfield Road
Aurora, OH 44202

Phone #: 724-622-6522 cell 866-705-7790 office

Fax #: 330-425-4297

E-Mail: lmigliore@medservplus.net

Signature: 

Award will be made to the lowest responsible bidder that meets all the mandatory requirements.

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
Date: 12/5/12

Signed: Lari Migliore
Title: Account Manager

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: MedServ Plus

Authorized Signature: [Signature] Date: 12/5/12

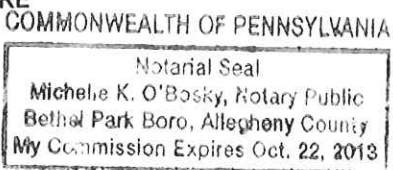
State of Pennsylvania

County of Allegheny, to-wit:

Taken, subscribed, and sworn to before me this 5 day of December, 2012.

My Commission expires 10-22, 2013.

AFFIX SEAL HERE



NOTARY PUBLIC

[Signature]
Purchasing Affidavit (Revised 07/01/2012)

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.

MedServ Plus

(Company)

Lori Migliore

(Authorized Signature)

Lori Migliore, Account Manager

(Representative Name, Title)

724-622-6522

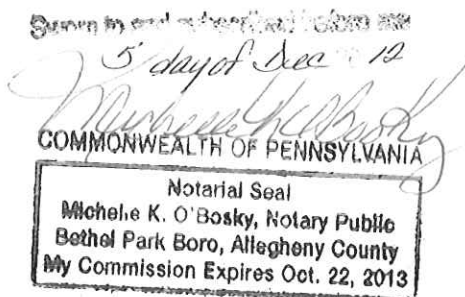
330-425-4297

(Phone Number)

(Fax Number)

December 5, 2012

(Date)



ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: MHC13072

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:

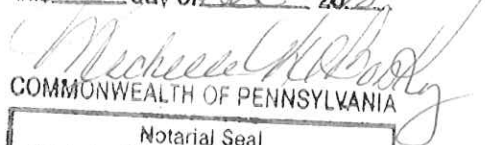
(Check the box next to each addendum received)

- | | |
|--|--|
| <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.

Signed to and subscribed before me

this 5 day of Dec 2012



COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
 Michele K. O'Bosky, Notary Public
 Bethel Park Boro, Allegheny County
 My Commission Expires Oct. 22, 2013

MedServ Plus

Company



Authorized Signature

December 5, 2012

Date

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



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Aurora, OH 44202
866-705-7790
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Department of Administration, Purchasing Division
2019 Washington Street East
P.O. Box 50130
Charleston, WV 25305-0130
December 11, 2012
#MHC13072

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 a Del 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.

OTC12-D

\$26,100.0

Del Medical OTC12 Manual Ceiling Mount with Touch Screen Control Panel
Overhead Tube Crane Manual Collimation

Item Features:

- Minimum source to ceiling distance 32.6" (830 mm)
- Vertical telescope travel range (Manual only): 70.8" (1800mm)
- Longitudinal travel range: 136.4" (3460mm) with optional rail extensions: 222.2" (5645mm)
- Longitudinal detent positions, configurable during installation
- Transverse travel range, with standard 9.8' (3m) rail: 84.6" min. (2150mm) with optional 13.1' (4m) rail: 137.8" max. (3500mm)
- Transverse detent positions, configurable during installation
- Tube rotation range, horizontal axis, -120°, +120°
- Detent positions at -90°, 0°, +90°
- Tube rotation range, vertical axis, -154°, +182°
- Detent positions at -90°, 0°, +90°, +180°
- Vertical telescope travel range: 70.9" (1800mm)
- Front display digital readouts: SID, horizontal tube rotation angle and generator control
- 1 pair 80' (24 meters) 150kVp rated; HV cables included with cable concealment and management system
- Standard 14' rail included

COL-RALCO-M

\$1,812.50

Ralco Certified Manual Collimator

- Laser Light with LED for light field projection 50,000 hours
- Swivel
- 150 kVp

DM-EV650-RB

\$10,150.00

Del Medical EV650 Elevating Table with Four-Way Float Top, Reciprocating Bucky and Manual Cassette Tray

Item Features:

- Reciprocating Bucky with Manual Cassette Tray
- 650 lb. (295kg) patient load capacity
- 86.5" x 31.9" Fiber-Resin table-top
- 21.75" - 33.77" height adjustment
- 40" (102cm) Longitudinal, 9.5" (24cm) Transverse table-top movement
- Silent Heavy-duty motor for quiet and efficient elevating action
- Recessed Foot treadle lock controls for longitudinal and transverse, plus table top up/down movement
- Collision safety sensors

DM-VS200-GC **\$3,262.50**

Del Medical VS200 Slim Design Wallstand with Grid Cabinet and Manual Cassette Tray

Item Features:

- 17" x 17" Grid Cabinet with Manual Cassette Tray
- 83in. Travel (Floor to maximum height)
- Positive hold manual lock

DM-CM40-500S **\$11,600.00**

Del Medical CM Series 40kW, 500mA, High Frequency Single Phase Generator

Item Features:

- 125 kVp
- Anatomical Programming (APR) with 768 programmable technique selections
- Operator Console with Pedestal and Handswitch
- One, two, or three point technique selection
- Two Bucky Capability
- Power Cabinet with Auxiliary Power Supply
- Tube Protection Circuitry
- Integrated service software assists in calibration and service
- Self-diagnostic circuitry with error code recording for fast trouble shooting

TUBE-E7252-90 **\$4,350.00**

Toshiba E7252FX Tube - 90° cable arms , 0.6x1.2mm FS, 300kHU, 150KVP, 12° target, 3" anode

GR-103-10-40-02 GRID-JPI,103L,10:1,40-72 (RVA) **\$435.00**

GR-103-10-34-02 GRID-JPI,103L,10:1,34-44(RVA) **\$435.00**

Total Installed Cost to John Manchin Sr. Health Care Fairmont, WV	\$58,145.00
Trade-In Existing Equipment	<u>-\$1,000.00</u>
Final Cost	\$57,145.00

OPTIONS:

1. Upgrade to Reciprocating bucky for wall stand **ADD: \$725.00**
2. Sedecal HF series HF generator **ADD: \$700.00**
 - 150kVp, 40-150kVP; 500 mA
 - APR; single phase; dual speed starter
 - 2 Bucky capability
 - **Requires approximately an 8 week lead time.**

TERMS:


Taxes & Duties: Tax exempt information required upon order.

Warranty: 12 Months Parts/Labor including tube

Installation/De-installation/Applications: Included

Freight: FOB Destination per bid specification.

Payment Terms: Per bid specification.

 12/5/12
 Lori Migliore Date

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).

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

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

CERTIFICATE HOLDER**CANCELLATION**

STATEWV State of West Virginia Dept of Admin, Purchasing Div 2019 Washington Street East PO Box 50130 Charleston WV 25305-0130	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 Douglas R. Malcolm
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DEL MEDICAL

Del Medical Inc.
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Roselle, Illinois 60172
Toll Free: 800-800-6006
Phone: 847.288.7000
Fax: 847.288.7011

December 5, 2012

To Whom It May Concern,

By way of introduction, my name is Richard Rzepka and I am the Vice President of Del Medical Inc. Our distributor, MedServ Plus, located in Aurora OH, has asked us for a statement regarding the country of origin for the metal, aluminum and glass used in products manufactured by Del Medical. We contacted our two suppliers of metal and aluminum products, Titan Metals, Glendale Heights IL, and Service Metals, Addison IL, and were advised that the raw steel and aluminum materials they purchase are sourced from manufacturers in the United States. (Del Medical equipment does not contain glass).

Please feel free to contact me directly if you have any questions regarding this letter.

Regards,



Richard Rzepka

Vice President – Del Medical Inc.

50 B N. Gary Avenue

Roselle, Illinois