

CONTRACT FOR
MEDICAL SUPPLIES FOR FIRE RESCUE

THIS CONTRACT entered into this 9th day of April, 2018, by and between the **NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS**, a political subdivision of the State of Florida, hereinafter referred to as "County", and **BOUND TREE MEDICAL, LLC**, 5000 Tuttle Crossing Blvd., Dublin, OH 43016, hereinafter referred to as "Vendor".

WHEREAS, the County received sealed bids for Medical Supplies for Fire Rescue, Bid No. NC18-001.; and

WHEREAS, the Nassau County Fire Rescue Department determined that Vendor was the lowest, most responsive and responsible bidder for the bid items as set forth in Attachment "B"; and

NOW, THEREFORE, in consideration of the terms and conditions herein set forth, the County and the Vendor agree as follows:

SECTION 1. Description of Services to be Provided

The County does hereby retain the Vendor to furnish materials as further described in the Technical Specifications/Scope of Work, Attachment "A" and the Bid Item Price List, Attachment "B", both attached and made a part hereof. Required materials shall be specifically enumerated, described and depicted in a Purchase Order. This Contract standing alone does not authorize the performance of any work or require the County to place any orders for work.

SECTION 2. Receiving/Payment/Invoicing

No payment will be made for materials ordered without proper purchase order authorization. The County shall pay the vendor within forty-five (45) calendar days of receipt of invoice, pursuant to and in accordance with the promulgations set forth by the State of Florida's Prompt Payment Act. (Florida Statutes Section 218.70). Payment shall not be made until materials or goods have been received, inspected and accepted by the County in the quality and quantity ordered. Payment will be accomplished by submission of an invoice, with the Purchase Order number referenced thereon and mailed to the address set forth in the Purchase Order. Payment in advance of receipt of goods by Nassau County cannot be made.

The invoice submitted shall be in sufficient detail as to item, quantity and price in order for the County to verify compliance with the awarded bid.

SECTION 3. Acceptance of Goods/Services

Receipt of goods shall not constitute acceptance. Final acceptance and authorization of payment shall be given only after a thorough inspection indicates that the product meets bid specifications and conditions. Should the products differ in any respect from specifications, payment will be withheld until such time as the supplier takes necessary corrective action. If the proposed corrective action is not acceptable to the County, the County Manager's Office may authorize the recipient to refuse final acceptance of the goods. Should a representative of the County agree to accept the goods on condition that the Vendor will correct his performance within a stipulated time period, then payment will be withheld until the services are performed as specified.

SECTION 4. Inspection/Acceptance Title

Inspection and acceptance will be at destination unless otherwise stipulated. Title and risk of loss or damage to all items shall be the responsibility of the Vendor until accepted by the using department of Nassau County, unless loss or damage results from negligence by Nassau County or its using Department.

SECTION 5. Firm Prices

Prices for goods and services covered in the specifications shall be firm; net delivered to the ordering agency, **F.O.B. DESTINATION**, vendor paying all delivery costs and shall remain firm for the period of this Contract. No additional fees or charges shall be accepted.

SECTION 6. Fund Availability

This Contract is deemed effective only to the extent that appropriations are available. Pursuant to Florida Statutes all appropriations lapse at the end of the Fiscal Year. Multi-year awards shall be adequately funded but the County reserves the right not to appropriate for an ongoing procurement if it is deemed in its best interest.

SECTION 7. Permits/Licenses/Fees

Any permits, licenses or fees required for this service will be the responsibility of the Vendor unless otherwise stated.

SECTION 8. Taxes

The County is tax exempt. As such, the County will not pay any Federal Excise or State of Florida Sales Tax. The Vendor will refrain from including taxes in any billing.

SECTION 9. Laws Governing this Contract

This Contract shall be consistent with, and be governed by, the Ordinances of Nassau County, the whole laws and rules of the State of Florida, both procedural and substantive, and applicable federal statutes, rules and regulations. Any and all litigation arising under this Contract shall be brought in Nassau County, Florida. Any mediation, pursuant to litigation, shall occur in Nassau County.

SECTION 10. Changes

The County reserves the right to order, in writing, changes in the work within the scope of the contract, such as change in quantity or delivery schedule. The Vendor has the right to request an equitable price adjustment in cases where changes to the contract under the authority of this clause result in increased costs to the Vendor.

SECTION 11. Modifications

In addition to modifications made under the changes clause, this Contract may be modified within the scope of the contract upon the written and mutual consent of both parties, and approval by appropriate legal authority in the County.

SECTION 12. Assignment & Subcontracting

The Vendor will not be permitted to assign its contract with the County, or to subcontract any of the work requirements to be performed without obtaining prior written approval by the County.

SECTION 13. Severability

If any section, subsection, sentence, clause, phrase, or portion of this Contract is, for any reason, held invalid, unconstitutional, or unenforceable by any Court of Competent Jurisdiction, such portion shall be deemed as a separate, distinct, and independent provision, and such holding shall not affect the validity of the remaining portions thereof.

SECTION 14. Termination for Default

The performance of the Contract may be terminated by the County in accordance with this clause, in whole or in part, in writing, whenever the County shall determine that the Vendor has failed to meet performance requirement(s) of the Contract.

SECTION 15. Termination for Convenience

The County reserves the right to terminate the Contract in whole or part by giving the vendor written notice at least thirty (30) days prior to the effective date of the termination. Upon receipt of termination from the County, the Vendor shall only provide those services specifically

approved or directed by the County. All other rights and duties of the parties under the Contract shall continue during such notice period, and the County shall continue to be responsible to the vendor for the payment of any obligations to the extent such responsibility has not been excused by breach or default of the Vendor.

SECTION 16. Force Majeure

Neither party of this Contract shall be liable to the other for any cost or damages if the failure to perform the Contract arises out of causes beyond the control and without the fault or negligence of the parties. Such causes may include, but are not restricted to, acts of nature, fires, quarantine restriction, strikes and freight embargoes. In all cases, the failure to perform must be totally beyond the control and without any fault or negligence of the party.

SECTION 17. Access and Audits

The Vendor shall maintain adequate records to justify all charges, expenses, and costs incurred in performing the Work for at least three (3) years after completion of this Contract. The County and the Clerk of Courts shall have access to such books, records, and documents as required in this Section for the purpose of inspection or audit during normal business hours, at the County's or the clerk's cost, upon five (5) days' written notice.

SECTION 18. Vendor Responsibilities

The Vendor will provide the services agreed upon in a timely and professional manner in accordance with specifications.

SECTION 19. Public Emergencies

The Vendor shall agree before, during, and after a public emergency, disaster, hurricane, tornado, flood, or other acts of nature that the County shall require a "First Priority" for goods and services. It is vital and imperative that the majority of citizens are protected from any emergency situation that threatens public health and safety, as determined by the County. The Vendor agrees to rent/sell/lease all goods and services to the county or governmental entities on a "first priority" basis.

SECTION 20. Period of Contract/Option to Extend or Renew

This Contract shall begin on the date of execution of this contract and terminate two years from the date of execution. The performance period of this Contract may be extended upon mutual Contract between the vendor and the County with no change in terms or conditions for three (3) additional one (1) year periods. Total contract length and individual one (1) year extensions shall not exceed five (5) years in total. Any Contract or amendment to the Contract shall be subject to fund availability and mutual written agreement between the County and the Vendor.

SECTION 23. Probationary Period

The first ninety (90) days of this Contract are to be considered a "probationary" period. At the County's election, this Contract may be terminated, based on the performance of the Vendor, and a new award be granted without another formal bid.

SECTION 24. Escalation Clause

Ninety (90) days prior to the end of the contract term, the Vendor may request in writing an increase in an individual item unit cost. Consideration of price increases at each renewal period will be given provided such escalations are reasonable and acceptable to the County. It is also expected that de-escalation of prices will be extended to the County if market so reflects. The County will consider a price adjustment based on the latest Consumer Price Index and/or proof of a manufacturer's price increase. Any and all proposed increases are subject to approval by the County.

SECTION 25. Indemnification and Insurance

The Vendor shall indemnify and hold harmless the County and its agents and employees from and against all claims, damages, losses and expenses, including attorney's fees, arising out of or resulting from the performance of this contract, provided that any such claims, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to loss to or destruction of tangible property, including loss of use resulting therefrom; and is caused in whole or in part by any negligent or willful act or omission of the Vendor and/or Subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable.

In any and all claims against the County or any of its agents or employees, by any employee of the Vendor, any Subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, the indemnification obligation shall not be limited in

any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for the Vendor or any Subcontractor under Workers' Compensation acts, disability benefit acts, or other employee benefits act.

The vendor shall, and at its sole expense, agree to maintain in full force and effect at all times during the life of this contract, insurance coverage's, limits, including endorsements, as described in the General Information and Insurance Requirements, attached hereto as Exhibit 1. The requirements contained herein, as well as the County's review or acceptance of insurance maintained by the Vendor is not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by the Vendor under the Contract.

SECTION 26. Dispute Resolution

The County may utilize this section, at their discretion, as to disputes regarding contract interpretation. The County may send a written communication to the Vendor by email, overnight mail, UPS, FedEx, or certified mail. The written notification shall set forth the County's interpretation of the contract. A response shall be provided in the same manner prior to the initial meeting with the County Manager. This initial meeting shall take place no more than twenty (20) days from the written notification of the dispute addressed to the Vendor. The Vendor should have a representative, at the meeting that can render a decision on behalf of the Vendor.

If there is no satisfactory resolution as to the interpretation of the contract, the dispute may be submitted to mediation in accordance with mediation rules as established by the Florida Supreme Court. Mediators shall be chosen by the County and the cost of mediation shall be borne by the Vendor. Vendor shall not stop work during the pendency of mediation or dispute resolution.

SECTION 27. PUBLIC RECORDS

The County is a public agency subject to Chapter 119, Florida Statutes. IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (904) 530-6250, DMOODY@NASSAUCOUNTYFL.COM, 96161 NASSAU PLACE, YULEE, FLORIDA 32097. Under this agreement, to the extent that the contractor is providing services to the County, and pursuant to section 119.0701, Florida Statutes, the contractor shall:

- a. Keep and maintain public records required by the public agency to perform the service.

- b. Upon request from the public agency's custodian of public records, provide the public agency with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.
- c. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the public agency.
- d. Upon completion of the contract, transfer, at no cost, to the public agency all public records in possession of the contractor or keep and maintain public records required by the public agency to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the public agency, upon request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

SECTION 28. REQUEST FOR RECORDS; NONCOMPLIANCE

A request to inspect or copy public records relating to a public agency's contract for services must be made directly to the public agency. If the public agency does not possess the requested records, the public agency shall immediately notify the contractor of the request, and the contractor must provide the records to the public agency or allow the records to be inspected or copied within a reasonable time.

If a contractor does not comply with the public agency's request for records, the public agency shall enforce the contract provisions in accordance with the contract.

A contractor who fails to provide the public records to the public agency within a reasonable time may be subject to penalties under s. 119.10, Florida Statutes.

SECTION 29. CIVIL ACTION

If a civil action is filed against a contractor to compel production of public records relating to a public agency's contract for services, the court shall assess and award against the contractor the reasonable costs of enforcement, including reasonable attorney fees if:

- (a) The court determines that the contractor unlawfully refused to comply with the public records request within a reasonable time; and
- (b) At least 8 business days before filing the action, the plaintiff provided written notice of the public records request, including a statement that the contractor has not complied with the request, the public agency and to the contractor.

A notice complies with subparagraph (b), if it is sent to the public agency's custodian of public records and to the contractor at the contractor's address listed on its contract with the public agency or to the contractor's registered agent. Such notices must be sent by common carrier delivery service or by registered, Global Express Guaranteed, or certified mail, with postage or shipping paid by the sender and with evidence of delivery, which may be in an electronic format.

A contractor who complies with a public records request within 8 business days after the notice is sent is not liable for the reasonable costs of enforcement.

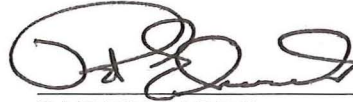
SECTION 30. Entire Agreement

The written terms and provisions of this contract shall supersede all prior verbal statements of any official or other representative of the County. Such statements shall not be effective or be construed as entering into, or forming a part of, or altering in any manner whatsoever, this Contract or contract documents.

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IN WITNESS WHEREOF, the parties have executed this contract, in two (2) copies, each of which shall be deemed an original on this day and year first above written.

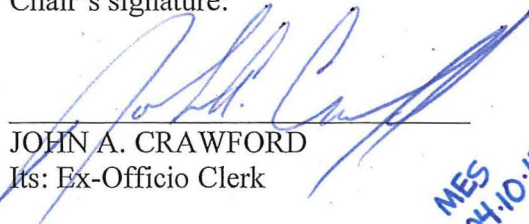
**BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA**



PAT EDWARDS

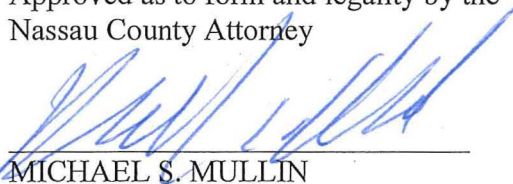
Its: Chairman

Attest as to authenticity of the
Chair's signature:


JOHN A. CRAWFORD
Its: Ex-Officio Clerk

MES
04-10-18

Approved as to form and legality by the
Nassau County Attorney


MICHAEL S. MULLIN

[Signatures continued on next page]

BOUND TREE MEDICAL, LLC

By: Rhiannon Greene

Its: Vice President, Pricing

STATE OF Ohio
COUNTY OF Franklin

Before me personally appeared, Rhiannon Greene, who is personally known ☒ or produced _____ as identification, known to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this 4 day of April, 2018.

Timothy O. Brown II
Notary Signature

Notary-Public-State of Ohio at large
My Commission expires: 7/31/22



Timothy O. Brown II
Notary Public, State of Ohio
My Commission Expires 07-31-22

ATTACHMENT "A" - TECHNICAL SPECIFICATIONS/SCOPE OF WORK

1. When there is a specific item description and / or specific brand requested no substitutes will be accepted.
2. Attachment B list the required items.
3. The bidders shall make all products available for review and approval upon request prior to acceptance of the products.
4. Any backordered item shall be fulfilled within 14 calendar days from the date of the back-order; otherwise the backordered items will be canceled and procured from other sources.
5. Bid prices provided in the Bid Price Sheet, Attachment B, shall be binding.
6. No Latex containing product will be accepted without specific written agreement.
7. Unless otherwise specified, all equipment bid shall be engineered to avoid needle sticks or self sheathing. This includes all needles, IV Catheters, Scalpels.
8. All pre-filled medication shall be compliant with the Baxter Interlink administration system.
9. Delivery of all items should be expected within 5 work days from receipt of order by the vendor. Any item(s) requiring longer than 5 days shall be communicated in written format to Tactical Support; Nassau County Fire Rescue.

BOUND TREE MEDICAL, LLC

| Item # | Product Name | Product Description | Preferred Manufacturer | Est. Yearly usage | Vendor Catalog Number | Unit Of Measure (ie BX, CS) | Unit Of Measure Cost | Quantity per Measure | Cost Per Item |
|-------------------------|----------------------------------|----------------------------|-------------------------|-------------------|-----------------------|-----------------------------|----------------------|----------------------|---------------|
| BIO-WASTE | | | | | | | | | |
| 82 | Backboard Bags | 24" x 86" | | 1 | BTM #296589 | EACH | \$ 1.53 | 1 | \$ 1.53 |
| 83 | Convenience Bags | | | 200 | BTM #1071-10208 | PKG | \$ 9.25 | 25 | \$ 0.37 |
| 84 | Red BGs, Small | 24" X 24" | | 2000 | BTM #290116 | EACH | \$ 0.08 | 1 | \$ 0.08 |
| 85 | Red BGs, Large | 30.5" X 41" | | 1000 | BTM #520-F117 | CASE | \$ 45.00 | 250 | \$ 0.18 |
| 86 | Sharps Shuttle/Dart | | | 500 | BTM #64250 | EACH | \$ 1.36 | 1 | \$ 1.36 |
| 87 | Sharps Container, 2 gal | | | 60 | BTM #1860-22218 | EACH | \$ 3.09 | 1 | \$ 3.09 |
| 88 | Sharps Container, 3 gal | | | 100 | BTM #6199 | EACH | \$ 6.19 | 1 | \$ 6.19 |
| DISPOSABLE LINEN | | | | | | | | | |
| 90 | Blanket, Quilted, Disposable | | | 100 | BTM #114020 | CASE | \$ 47.65 | 10 | \$ 4.765 |
| 91 | Blanket, Yellow, Disposable | 60" X 90" | | 2000 | BTM #276-7303EA | EACH | \$ 1.63 | 1 | \$ 1.63 |
| 92 | Cot Sheet, Fitted, Disposable | | | 5000 | BTM #30057 | CASE | \$ 28.00 | 50 | \$ 0.56 |
| 93 | Pillow, Disposable | Poly/Cotton | | 250 | BTM #660550 | EACH | \$ 2.20 | 1 | \$ 2.20 |
| FLUIDS | | | | | | | | | |
| 94 | NALC 0.9% Injection USP 100ml | P/N 2B1307 | Baxter - Required | 80 | BTM #358437 | EACH | \$ 1.99 | 1 | \$ 1.9900 |
| 95 | NALC 0.9% Injection USP 250ml | P/N 2B1322Q | Baxter - Required | 80 | BTM #601322 | EACH | \$ 3.87 | 1 | \$ 3.8700 |
| 96 | NALC 0.9% Injection USP 1000ml | P/N 2B1324X | Baxter - Required | 1500 | BTM #601324X | EACH | \$ 4.85 | 1 | \$ 4.8500 |
| 97 | NALC 0.9% IV Flush 10ml | P/N 8881570121 | Covidien - Required | 3000 | BTM #47-8881570121BX | BOX | \$ 19.80 | 30 | \$ 0.6600 |
| 98 | Sterile Water, Irrigation 1000ml | | | 40 | BTM #607114 | EACH | \$ 2.74 | 1 | \$ 2.7400 |
| IMMOBILIZATION | | | | | | | | | |
| 99 | Backboard Straps | 9' with Cam Buckle, Orange | | 6000 | BTM #3173-20015 | EACH | \$ 2.00 | 1 | \$ 2.00 |
| 100 | C Collar | Adult adjustable | ClearCollar - Preferred | 1000 | BTM #3151-03161 | EACH | \$ 3.90 | 1 | \$ 3.90 |
| 101 | C Collar | Pedi adjustable | ClearCollar - Preferred | 600 | BTM #3151-03163 | EACH | \$ 3.90 | 1 | \$ 3.90 |
| 102 | Head Immobilizer | Sta-Blok | Laerdal - Required | 1000 | BTM #260975 | EACH | \$ 3.53 | 1 | \$ 3.53 |
| 103 | Magamover Plus | P/N 53376 | Graham - Preferred | 400 | BTM #3246-12345 | EACH | \$ 14.55 | 1 | \$ 14.55 |
| 104 | ProSplint Kit | Adult | | 12 | BTM #5800-50 | EACH | \$ 175.00 | 1 | \$ 175.00 |
| 105 | Restrant, Ankle | P/N 2755 | Posey - Required | 7 | BTM #562755 | PAIR | \$ 23.80 | 1 | \$ 23.80 |
| 106 | Restrant, Ankle Disposable | | | 12 | BTM #56-1173 | PAIR | \$ 15.64 | 1 | \$ 15.64 |
| 107 | Restrant, Wrist | P/N 2750 | Posey - Required | 7 | BTM #562750 | PAIR | \$ 23.80 | 1 | \$ 23.80 |
| 108 | Restrant, Wrist Disposable | | | 12 | BTM #P3796-OR | EACH | \$ 7.08 | 1 | \$ 7.08 |
| 109 | SAM Splint / Flex-All | | | 60 | BTM #533-MS-SPLINT | EACH | \$ 5.05 | 1 | \$ 5.05 |
| 110 | SAM Pelvic Sling | Medium | SAM - Required | 10 | BTM #665566 | EACH | \$ 55.20 | 1 | \$ 55.20 |
| 111 | SAM Pelvic Sling | Large | SAM - Required | 10 | BTM #665567 | EACH | \$ 55.20 | 1 | \$ 55.20 |
| 112 | Traction Splint | QD-3 Child | | 1 | BTM #566522 | EACH | \$ 199.00 | 1 | \$ 199.00 |
| 113 | Traction Splint | QD-4 Adult | | 1 | BTM #95001 | EACH | \$ 138.06 | 1 | \$ 138.06 |
| IV SUPPLIES | | | | | | | | | |
| 124 | 10 Drop IV Admin Set | P/N EMS3110 | Baxter - Required | 1000 | BTM #10-83011 | EACH | \$ 1.39 | 1 | \$ 1.39 |
| 125 | 60 Drop IV Admin Set | P/N EMS3160 | Baxter - Required | 100 | BTM #60-83011 | EACH | \$ 1.71 | 1 | \$ 1.71 |
| 126 | 3-Way Stopcock | P/N 2C6240 | Baxter - Required | 300 | BTM #35411 | EACH | \$ 0.94 | 1 | \$ 0.94 |
| 127 | Alcohol Prep Pads | Medium | | 2000 | BTM #1330-85300 | BOX | \$ 1.40 | 200 | \$ 0.007 |
| 128 | Buretrol Set, 60 Drops | P/N 2C8819 | Baxter - Required | 50 | BTM #118-2C7562EA | EACH | \$ 7.54 | 1 | \$ 7.54 |
| 129 | IV Extension Set | P/N AE-3108 | Amsino - Required | 5000 | BTM #05-00811 | EACH | \$ 1.20 | 1 | \$ 1.20 |

BOUND TREE MEDICAL, LLC

| Item # | Product Name | Product Description | Preferred Manufacturer | Est. Yearly usage | Vendor Catalog Number | Unit Of Measure (ie BX, CS) | Unit Of Measure Cost | Quantity per Measure | Cost Per Item |
|---------------------------------|-----------------------------------|---|--|-------------------|-----------------------|-----------------------------|----------------------|----------------------|---------------|
| 130 | IV Site Dressing | Pediatric | Veni-Guard - Required | 500 | BTM #354432 | BOX | \$ 32.90 | 100 | \$ 0.329 |
| 131 | IV Site Dressing | Adult | Veni-Guard - Required | 1000 | BTM #36002MS | BOX | \$ 23.17 | 100 | \$ 0.2317 |
| 132 | Morgan Lens | | | 25 | BTM #710100 | EACH | \$ 25.35 | 1 | \$ 25.35 |
| 133 | Pressure Infuser, Disposable | 1000ml | | 20 | BTM #354010 | EACH | \$ 15.21 | 1 | \$ 15.21 |
| 134 | Tourniquet, Latex Free | 1" X 18" | | 6000 | BTM #9634 | EACH | \$ 0.10 | 1 | \$ 0.10 |
| 135 | Universal Vial Adapter | P/N 2N3395 | Baxter - Required | 300 | BTM #353395 | EACH | \$ 2.25 | 1 | \$ 2.25 |
| MONITORING LIFEPAK 12/15 | | | | | | | | | |
| 160 | Defibrillation Pad, LifePak 12/15 | Pediatric, Physio Control Quick Combo Pad | ConMed R2 Multifunction Electrode - Required | 200 | BTM #R29710 | PAIR | \$ 15.25 | 1 | \$ 15.25 |
| 161 | Defibrillation Pad, LifePak 12/15 | Adult, Physio Control, Quick Combo Pad | ConMed R2 Multifunction Electrode - Required | 400 | BTM #R17300 | PAIR | \$ 15.00 | 1 | \$ 15.00 |
| 162 | EtCO2 Nasal Canula | Adult, Smart CapnoLine | Microstream | 200 | BTM #177653 | EACH | \$ 8.15 | 1 | \$ 8.15 |
| 163 | FilterLine Set | Adult/Pediatric | Microstream | 200 | BTM #174620 | EACH | \$ 6.95 | 1 | \$ 6.95 |
| 164 | LifePak 12/15 ECG 12 lead cable | 11110-000022 | Medtronic - Required | 12 | BTM #2743-02211 | EACH | \$ 134.00 | 1 | \$ 134.00 |
| 165 | LifePak 12/15 ECG Main trunk | 11110-000018 | Medtronic - Required | 6 | BTM #2743-01811 | EACH | \$ 315.00 | 1 | \$ 315.00 |
| 166 | LifePak 12 ECG NIBP 9ft hose | 11996-000033 | Medtronic - Required | 7 | BTM #2613-96392 | EACH | \$ 54.90 | 1 | \$ 54.90 |
| 167 | LifePak 12/15 Paper | | | 1000 | BTM #2745-10108 | ROLL | \$ 1.15 | 1 | \$ 1.15 |
| NEEDLES | | | | | | | | | |
| 168 | Angiocath | 12 Ga X 3" | | 25 | BTM #602830 | EACH | \$ 16.33 | 1 | \$ 16.33 |
| 169 | IV Catheters Protective Plus | 14 Ga | Medex | 400 | BTM #1612-84210 | EACH | \$ 1.31 | 1 | \$ 1.31 |
| 170 | IV Catheters Protective Plus | 16 Ga | Medex | 600 | BTM #1612-84220 | EACH | \$ 1.31 | 1 | \$ 1.31 |
| 171 | IV Catheters Protective Plus | 18 Ga | Medex | 1500 | BTM #1612-84230 | EACH | \$ 1.31 | 1 | \$ 1.31 |
| 172 | IV Catheters Protective Plus | 20 Ga | Medex | 1500 | BTM #1612-84240 | EACH | \$ 1.31 | 1 | \$ 1.31 |
| 173 | IV Catheters Protective Plus | 22 Ga | Medex | 800 | BTM #1612-84250 | EACH | \$ 1.31 | 1 | \$ 1.31 |
| 174 | IV Catheters Protective Plus | 24 Ga | Medex | 600 | BTM #1612-84260 | EACH | \$ 1.31 | 1 | \$ 1.31 |
| OXYGEN DELIVERY | | | | | | | | | |
| 181 | CPAP Set w/ Med Mask | P/N 313-7059X | Pulmodyne - Required | 75 | BTM #313-7059EA | EACH | \$ 44.00 | 1 | \$ 44.00 |
| 182 | CPAP Large Mask Only | P/N 313-7030 | Pulmodyne - Required | 75 | BTM #313-7030EA | EACH | \$ 18.97 | 1 | \$ 18.97 |
| 183 | CPAP Filter | P/N 313-7043 | Pulmodyne - Required | 75 | BTM #313-7043EA | EACH | \$ 1.51 | 1 | \$ 1.51 |
| 184 | CPAP "T" Adapter | P/N 313-2230 | Pulmodyne - Required | 75 | BTM #313-2230EA | EACH | \$ 2.09 | 1 | \$ 2.09 |
| SUCTION | | | | | | | | | |
| 212 | Bulb Syringe | 2 Ounce | | 10 | BTM #044-AS00502EA | EACH | \$ 0.28 | 1 | \$ 0.28 |
| 213 | Meconium Aspirator | | Neotech - Required | 10 | BTM #590101 | EACH | \$ 4.31 | 1 | \$ 4.31 |
| 214 | Nasogastric Tube | 8 FR | | 20 | BTM #14756MS | EACH | \$ 2.23 | 1 | \$ 2.23 |
| 215 | Nasogastric Tube | 10 FR | | 20 | BTM #2231-91110 | EACH | \$ 1.83 | 1 | \$ 1.83 |
| 216 | Nasogastric Tube | 12 FR | | 20 | BTM #2231-92912 | EACH | \$ 1.83 | 1 | \$ 1.83 |
| 217 | Nasogastric Tube | 14 FR | | 20 | BTM #2231-94514 | EACH | \$ 1.83 | 1 | \$ 1.83 |
| 218 | Nasogastric Tube | 16 FR | | 20 | BTM #2231-96016 | EACH | \$ 1.83 | 1 | \$ 1.83 |
| 219 | Safe-T-Vac Suction Catheter | 5 FR | | 20 | BTM #320005 | EACH | \$ 0.45 | 1 | \$ 0.45 |
| 220 | Safe-T-Vac Suction Catheter | 10 FR | | 20 | BTM #320010 | EACH | \$ 0.38 | 1 | \$ 0.38 |

BOUND TREE MEDICAL, LLC

| Item # | Product Name | Product Description | Preferred Manufacturer | Est. Yearly useage | Vendor Catalog Number | Unit Of Measure (ie BX, CS) | Unit Of Measure Cost | Quantity per Measure | Cost Per Item |
|--------|-----------------------------|---------------------|------------------------|--------------------|-----------------------|-----------------------------|----------------------|----------------------|---------------|
| 221 | Safe-T-Vac Suction Catheter | 14 FR | | 20 | BTM #320014 | EACH | \$ 0.38 | 1 | \$ 0.38 |
| 222 | Safe-T-Vac Suction Catheter | 18 FR | | 20 | BTM #320018 | EACH | \$ 0.38 | 1 | \$ 0.38 |
| 223 | Suction Canister | 1200cc | Bemis | 60 | BTM #591375 | EACH | \$ 2.62 | 1 | \$ 2.62 |
| 224 | Suction Tubing | 1/4" X 6' | | 60 | BTM #D4808 | EACH | \$ 0.59 | 1 | \$ 0.59 |
| 225 | Yankauer Suction Tip | With Control Vent | | 60 | BTM #16107 | EACH | \$ 0.46 | 1 | \$ 0.46 |

| | Product Name | Product Description | Preferred Manufacturer | Est. Yearly usage | Vendor Catalog Number | Unit Of Measure (ie BX, CS) | Unit Of Measure Cost | Quantity per Measure | Cost Per Item |
|---------------------|------------------------------|---------------------|------------------------|-------------------|-----------------------|-----------------------------|----------------------|----------------------|---------------|
| Airway | | | | | | | | | |
| 1 | Berman Oral Airway | 40mm | | 12 | BTM #12974 | PKG | \$ 0.45 | 5 | \$ 0.0900 |
| 2 | Berman Oral Airway | 50mm | | 12 | BTM #12975 | PKG | \$ 0.45 | 5 | \$ 0.0900 |
| 3 | Berman Oral Airway | 60mm | | 16 | BTM #12976 | PKG | \$ 0.45 | 5 | \$ 0.0900 |
| 4 | Berman Oral Airway | 70mm | | 20 | BTM #12977 | PKG | \$ 0.52 | 5 | \$ 0.1040 |
| 5 | Berman Oral Airway | 80mm | | 20 | BTM #12978 | PKG | \$ 0.52 | 5 | \$ 0.1040 |
| 6 | Berman Oral Airway | 90mm | | 20 | BTM #12979 | PKG | \$ 0.53 | 5 | \$ 0.1060 |
| 7 | Berman Oral Airway | 100mm | | 12 | BTM #12980 | PKG | \$ 0.62 | 5 | \$ 0.1240 |
| 8 | Berman Oral Airway | 110mm | | 12 | BTM #12981 | PKG | \$ 0.62 | 5 | \$ 0.1240 |
| 9 | ET Tube w/ stylette | 2.0 Uncuffed | | 100 | BTM #0262211 | EACH | \$ 1.25 | 1 | \$ 1.2500 |
| 10 | ET Tube w/ stylette | 2.5 Uncuffed | | 100 | BTM #38001 | EACH | \$ 1.35 | 1 | \$ 1.3500 |
| 11 | ET Tube w/ stylette | 3.0 Uncuffed | | 100 | BTM #38002 | EACH | \$ 1.35 | 1 | \$ 1.3500 |
| 12 | ET Tube w/ stylette | 3.5 Uncuffed | | 100 | BTM #38003 | EACH | \$ 1.35 | 1 | \$ 1.3500 |
| 13 | ET Tube w/ stylette | 4.0 Uncuffed | | 100 | BTM #2112-38004 | EACH | \$ 1.35 | 1 | \$ 1.3500 |
| 14 | ET Tube w/ stylette | 4.5 Uncuffed | | 100 | BTM #38005 | EACH | \$ 1.35 | 1 | \$ 1.3500 |
| 15 | ET Tube w/ stylette | 5.0 Uncuffed | | 100 | BTM #38006 | EACH | \$ 1.35 | 1 | \$ 1.3500 |
| 16 | ET Tube w/ stylette | 5.5 Cuffed | | 100 | BTM #38011 | EACH | \$ 1.53 | 1 | \$ 1.5300 |
| 17 | ET Tube w/ stylette | 6.0 Cuffed | | 100 | BTM #38013 | EACH | \$ 1.50 | 1 | \$ 1.5000 |
| 18 | ET Tube w/ stylette | 6.5 Cuffed | | 150 | BTM #38014 | EACH | \$ 1.50 | 1 | \$ 1.5000 |
| 19 | ET Tube w/ stylette | 7.0 Cuffed | | 150 | BTM #38015 | EACH | \$ 1.50 | 1 | \$ 1.5000 |
| 20 | ET Tube w/ stylette | 7.5 Cuffed | | 150 | BTM #38016 | EACH | \$ 1.50 | 1 | \$ 1.5000 |
| 21 | ET Tube w/ stylette | 8.0 Cuffed | | 150 | BTM #38017 | EACH | \$ 1.50 | 1 | \$ 1.5000 |
| 22 | ET Tube w/ stylette | 8.5 Cuffed | | 100 | BTM #38018 | EACH | \$ 1.50 | 1 | \$ 1.5000 |
| 23 | ET Tube w/ stylette | 9.0 Cuffed | | 100 | BTM #38020 | EACH | \$ 1.50 | 1 | \$ 1.5000 |
| 24 | Nasopharyngeal Airway | 12 FR | | 40 | BTM #51150 | EACH | \$ 1.10 | 1 | \$ 1.1000 |
| 25 | Nasopharyngeal Airway | 14 FR | | 40 | BTM #51151 | EACH | \$ 1.10 | 1 | \$ 1.1000 |
| 26 | Nasopharyngeal Airway | 16 FR | | 40 | BTM #51152 | EACH | \$ 1.10 | 1 | \$ 1.1000 |
| 27 | Nasopharyngeal Airway | 18 FR | | 40 | BTM #51153 | EACH | \$ 1.10 | 1 | \$ 1.1000 |
| 28 | Nasopharyngeal Airway | 20 FR | | 40 | BTM #51154 | EACH | \$ 1.10 | 1 | \$ 1.1000 |
| 29 | Nasopharyngeal Airway | 22 FR | | 40 | BTM #51155 | EACH | \$ 1.10 | 1 | \$ 1.1000 |
| 30 | Nasopharyngeal Airway | 24 FR | | 80 | BTM #51156 | EACH | \$ 1.10 | 1 | \$ 1.1000 |
| 31 | Nasopharyngeal Airway | 26 FR | | 80 | BTM #51157 | EACH | \$ 1.10 | 1 | \$ 1.1000 |
| 32 | Nasopharyngeal Airway | 28 FR | | 80 | BTM #51158 | EACH | \$ 1.10 | 1 | \$ 1.1000 |
| 33 | Nasopharyngeal Airway | 30 FR | | 80 | BTM #51159 | EACH | \$ 1.10 | 1 | \$ 1.1000 |
| 34 | Nasopharyngeal Airway | 32 FR | | 80 | BTM #51160 | EACH | \$ 1.10 | 1 | \$ 1.1000 |
| 35 | Nasopharyngeal Airway | 34 FR | | 80 | BTM #51161 | EACH | \$ 1.10 | 1 | \$ 1.1000 |
| 36 | Nasopharyngeal Airway | 36 FR | | 80 | BTM #51162 | EACH | \$ 1.10 | 1 | \$ 1.1000 |
| Airway Equipment | | | | | | | | | |
| 37 | Bite Stick, Latex Free | | | 16 | BTM #0003 | EACH | \$ 0.32 | 1 | \$ 0.3200 |
| 38 | Introducer, ET Tube | | | 60 | BTM #9-01212-70 | EACH | \$ 4.07 | 1 | \$ 4.0700 |
| 39 | Lubricating Jelly, Sterile | 3 grams | | 200 | BTM #440128 | BOX | \$ 9.12 | 144 | \$ 0.0633 |
| 40 | PostiTube, ET Tube Placement | | | 20 | BTM #065-000172002EA | EACH | \$ 1.93 | 1 | \$ 1.9300 |
| 41 | Thomas Tube Holder | Pediatric | Laerdal - Required | 100 | BTM #020400 | EACH | \$ 2.67 | 1 | \$ 2.6700 |
| 42 | Thomas Tube Holder | Adult | Laerdal - Required | 200 | BTM #020500 | EACH | \$ 2.67 | 1 | \$ 2.6700 |
| Airway, King System | | | | | | | | | |
| 43 | King Tube LT-D Kits | Size 2 | King Airway - Required | 40 | BTM #477-KLTD212EA | EACH | \$ 31.65 | 1 | \$ 31.6500 |
| 44 | King Tube LT-D Kits | Size 2.5 | King Airway - Required | 40 | BTM #477-KLTD2125EA | EACH | \$ 31.65 | 1 | \$ 31.6500 |
| 45 | King Tube LTS-D Kits | Size 3 | King Airway - Required | 40 | BTM #477-KLTS413EA | EACH | \$ 32.45 | 1 | \$ 32.4500 |
| 46 | King Tube LTS-D Kits | Size 4 | King Airway - Required | 80 | BTM #477-KLTS414EA | EACH | \$ 32.45 | 1 | \$ 32.4500 |
| 47 | King Tube LTS-D Kits | Size 5 | King Airway - Required | 80 | BTM #477-KLTS415EA | EACH | \$ 32.45 | 1 | \$ 32.4500 |
| Airway Laryngoscope | | | | | | | | | |
| 48 | Laryngoscope Blade | Mac #0 | Intubrite | 6 | BTM #2145-13400 | EACH | \$ 4.33 | 1 | \$ 4.3300 |
| 49 | Laryngoscope Blade | Mac #1 | Intubrite | 12 | BTM #2145-13401 | EACH | \$ 4.33 | 1 | \$ 4.3300 |
| 50 | Laryngoscope Blade | Mac #2 | Intubrite | 12 | BTM #2145-13402 | EACH | \$ 4.33 | 1 | \$ 4.3300 |
| 51 | Laryngoscope Blade | Mac #3 | Intubrite | 12 | BTM #2145-13403 | EACH | \$ 4.33 | 1 | \$ 4.3300 |
| 52 | Laryngoscope Blade | Mac #4 | Intubrite | 12 | BTM #2145-13404 | EACH | \$ 4.33 | 1 | \$ 4.3300 |
| 53 | Laryngoscope Blade | Miller #0 | Intubrite | 6 | BTM #2145-13501 | EACH | \$ 4.33 | 1 | \$ 4.3300 |
| 54 | Laryngoscope Blade | Miller #1 | Intubrite | 12 | BTM #2145-13502 | EACH | \$ 4.33 | 1 | \$ 4.3300 |
| 55 | Laryngoscope Blade | Miller #2 | Intubrite | 12 | BTM #2145-13503 | EACH | \$ 4.33 | 1 | \$ 4.3300 |
| 56 | Laryngoscope Blade | Miller #3 | Intubrite | 12 | BTM #2145-13504 | EACH | \$ 4.33 | 1 | \$ 4.3300 |
| 57 | Laryngoscope Blade | Miller #4 | Intubrite | 12 | BTM #2145-13505 | EACH | \$ 4.33 | 1 | \$ 4.3300 |
| 58 | Laryngoscope Handle | Small | Intubrite | 12 | BTM #7897 | EACH | \$ 8.45 | 1 | \$ 8.4500 |
| 59 | Laryngoscope Handle | Large | Intubrite | 12 | BTM #7896 | EACH | \$ 8.45 | 1 | \$ 8.4500 |
| BANDAGES | | | | | | | | | |
| 60 | 1" Self Adherent Wrap | | | 200 | BTM #279-3171 | CASE | \$ 10.53 | 30 | \$ 0.3510 |
| 61 | 2" Self Adherent Wrap | | | 205 | BTM #279-3182 | CASE | \$ 22.29 | 36 | \$ 0.6192 |
| 62 | 4" X 4" X 8 ply | Non-Sterile | | 250 | BTM #276-8508BG | BAG | \$ 2.56 | 200 | \$ 0.0128 |
| 63 | 4" X 4" X 8 ply | Sterile | | 200 | BTM #276-8502PK | PKG | \$ 0.06 | 2 | \$ 0.0300 |
| 64 | ABD Pad | 5" X 9" | | 25 | BTM #083501P | PKG | \$ 1.84 | 20 | \$ 0.0970 |
| 65 | ABD Pad | 7 1/2" X 8" | | 25 | BTM #1212-08426 | BOX | \$ 1.80 | 12 | \$ 0.1500 |
| 66 | ABD Pad | 8" X 10" | | 25 | BTM #279-3503EA | EACH | \$ 0.16 | 1 | \$ 0.1600 |
| 67 | Asherman Chest Seal | | ACS - Required | 50 | BTM #718491 | EACH | \$ 9.73 | 1 | \$ 9.7300 |
| 68 | Band-Aids | 3/4" x 3", Cloth | | 1000 | BTM #F165200 | BOX | \$ 1.99 | 100 | \$ 0.0199 |
| 69 | Bum Sheet, Sterile | 60" X 80" | | 60 | BTM #30061MS | EACH | \$ 2.08 | 1 | \$ 2.0800 |
| 70 | Cold PK | | | 300 | BTM #1431-16004 | EACH | \$ 0.34 | 1 | \$ 0.3400 |
| 71 | Conforming Gauze Bandage | 2" Sterile | | 1000 | BTM #279-3112BG | BOX | \$ 2.46 | 12 | \$ 0.2050 |

| | Product Name | Product Description | Preferred Manufacturer | Est. Yearly usage | Vendor Catalog Number | Bound Tree | | | |
|-------------------------|----------------------------------|----------------------------|-------------------------|-------------------|------------------------------|-----------------------------|----------------------|----------------------|---------------|
| | | | | | | Unit Of Measure (ie BX, CS) | Unit Of Measure Cost | Quantity per Measure | Cost Per Item |
| 72 | Conforming Gauze Bandage | 4" Sterile | | 1000 | BTM #279-3114EA | EACH | \$ 0.25 | 1 | \$ 0.2500 |
| 73 | Eye Patch | Large Oval | | 60 | BTM #F165626 | PKG | \$ 4.49 | 50 | \$ 0.0898 |
| 74 | Hot PK | | | 250 | BTM #1431-16010 | EACH | \$ 0.24 | 1 | \$ 0.2400 |
| 75 | Hydrogen Peroxide | 16 oz bottle | | 100 | BTM #25711 | EACH | \$ 0.88 | 1 | \$ 0.8800 |
| 76 | Mechanical Advantage Tourniquet | | MAT - Required | 50 | BTM #1880-13304 | EACH | \$ 25.95 | 1 | \$ 25.9500 |
| 77 | Mult-Trauma Dressing | 12" X 30" | | 50 | BTM #16353 | EACH | \$ 0.98 | 1 | \$ 0.9800 |
| 78 | Petroleum Dressing | 4" X 4" | | 100 | BTM #1213-44003 | BOX | \$ 18.00 | 25 | \$ 0.7200 |
| 79 | Tape 1" | Transpare | 3M - Required | 1000 | BTM #151527 | BOX | \$ 14.36 | 12 | \$ 1.1967 |
| 80 | Tape 2" | Transpare | 3M - Required | 1000 | BTM #1515272 | BOX | \$ 14.36 | 6 | \$ 2.3933 |
| 81 | Triangular Bandages | 40" X 40" X 56" | | 60 | BTM #1124-03680 | EACH | \$ 0.23 | 1 | \$ 0.2300 |
| BIO-WASTE | | | | | | | | | |
| 82 | Backboard Bags | 24" x 86" | | 1 | BTM #296589 | EACH | \$ 1.53 | 1 | \$ 1.5300 |
| 83 | Convenience Bags | | | 200 | BTM #1071-10208 | PKG | \$ 9.25 | 25 | \$ 0.3700 |
| 84 | Red BGs, Small | 24" X 24" | | 2000 | BTM #290116 | EACH | \$ 0.08 | 1 | \$ 0.0800 |
| 85 | Red BGs, Large | 30.5" X 41" | | 1000 | BTM #520-F117 | CASE | \$ 45.00 | 250 | \$ 0.1800 |
| 86 | Sharps Shuttle/Dart | | | 500 | BTM #64250 | EACH | \$ 1.36 | 1 | \$ 1.3600 |
| 87 | Sharps Container, 2 gal | | | 60 | BTM #1860-22218 | EACH | \$ 3.09 | 1 | \$ 3.0900 |
| 88 | Sharps Container, 3 gal | | | 100 | BTM #6199 | EACH | \$ 6.19 | 1 | \$ 6.1900 |
| 89 | Bracket, Mounting for 3 qt | | | 6 | No Bid (No bracket for 3 qt) | | | | NO BID |
| DISPOSABLE LINEN | | | | | | | | | |
| 90 | Blanket, Quilted, Disposable | | | 100 | BTM #114020 | CASE | \$ 47.65 | 10 | \$ 4.7650 |
| 91 | Blanket, Yellow, Disposable | 60" X 90" | | 2000 | BTM #276-7303EA | EACH | \$ 1.63 | 1 | \$ 1.6300 |
| 92 | Cot Sheet, Fitted, Disposable | | | 5000 | BTM #30057 | CASE | \$ 28.00 | 50 | \$ 0.5600 |
| 93 | Pillow, Disposable | Poly/Cotton | | 250 | BTM #660550 | EACH | \$ 2.20 | 1 | \$ 2.2000 |
| FLUIDS | | | | | | | | | |
| 94 | NALC 0.9% Injection USP 100ml | P/N 2B1307 | Baxter - Required | 80 | BTM #358437 | EACH | \$ 1.99 | 1 | \$ 1.9900 |
| 95 | NALC 0.9% Injection USP 250ml | P/N 2B1322Q | Baxter - Required | 80 | BTM #601322 | EACH | \$ 3.87 | 1 | \$ 3.8700 |
| 96 | NALC 0.9% Injection USP 1000ml | P/N 2B1324X | Baxter - Required | 1500 | BTM #601324X | EACH | \$ 4.85 | 1 | \$ 4.8500 |
| 97 | NALC 0.9% IV Flush 10ml | P/N 8881570121 | Covidien - Required | 3000 | BTM #47-8881570121BX | BOX | \$ 19.80 | 30 | \$ 0.6600 |
| 98 | Sterile Water, Irrigation 1000ml | | | 40 | BTM #607114 | EACH | \$ 2.74 | 1 | \$ 2.7400 |
| IMMOBILIZATION | | | | | | | | | |
| 99 | Backboard Straps | 9' with Cam Buckle, Orange | | 6000 | BTM #3173-20015 | EACH | \$ 2.00 | 1 | \$ 2.0000 |
| 100 | C Collar | Adult adjustable | ClearCollar - Preferred | 1000 | BTM #3151-03161 | EACH | \$ 3.90 | 1 | \$ 3.9000 |
| 101 | C Collar | Pedl adjustable | ClearCollar - Preferred | 600 | BTM #3151-03163 | EACH | \$ 3.90 | 1 | \$ 3.9000 |
| 102 | Head Immobilizer | Sta-Blok | Laerdal - Required | 1000 | BTM #260875 | EACH | \$ 3.63 | 1 | \$ 3.6300 |
| 103 | Magamover Plus | P/N 53376 | Graham - Preferred | 400 | BTM #3246-12345 | EACH | \$ 14.55 | 1 | \$ 14.5500 |
| 104 | ProSplint Kit | Adult | | 12 | BTM #5800-50 | EACH | \$ 175.00 | 1 | \$ 175.0000 |
| 105 | Restrant, Ankle | P/N 2755 | Possey - Required | 7 | BTM #562755 | PAIR | \$ 23.80 | 1 | \$ 23.8000 |
| 106 | Restrant, Ankle Disposable | | | 12 | BTM #56-1173 | PAIR | \$ 15.64 | 1 | \$ 15.6400 |
| 107 | Restrant, Wrist | P/N 2750 | Possey - Required | 7 | BTM #562750 | PAIR | \$ 23.80 | 1 | \$ 23.8000 |
| 108 | Restrant, Wrist Disposable | | | 12 | BTM #P3796-OR | EACH | \$ 7.08 | 1 | \$ 7.0800 |
| 109 | SAM Splint / Flex-All | | | 60 | BTM #533-MS-SPLINT | EACH | \$ 5.05 | 1 | \$ 5.0500 |
| 110 | SAM Pelvic Sling | Medium | SAM - Required | 10 | BTM #665566 | EACH | \$ 55.20 | 1 | \$ 55.2000 |
| 111 | SAM Pelvic Sling | Large | SAM - Required | 10 | BTM #665567 | EACH | \$ 55.20 | 1 | \$ 55.2000 |
| 112 | Traction Splint | QD-3 Child | | 1 | BTM #566522 | EACH | \$ 199.00 | 1 | \$ 199.0000 |
| 113 | Traction Splint | QD-4 Adult | | 1 | BTM #95001 | EACH | \$ 138.06 | 1 | \$ 138.0600 |
| INSTRUMENTS | | | | | | | | | |
| 114 | Center Punch | | | 25 | BTM #G1741 | EACH | \$ 4.19 | 1 | \$ 4.1900 |
| 115 | Forceps, Magill | Pediatric | | 25 | BTM #0128 | EACH | \$ 2.88 | 1 | \$ 2.8800 |
| 116 | Forceps, Magill | Adult | | 25 | BTM #61435 | PAIR | \$ 4.05 | 1 | \$ 4.0500 |
| 117 | Forceps, Kelly | 51/2" Curved | | 25 | BTM #61389 | PAIR | \$ 0.77 | 1 | \$ 0.7700 |
| 118 | Forceps, Kelly | 51/2" Straight | | 25 | BTM #6010 | EACH | \$ 0.77 | 1 | \$ 0.7700 |
| 119 | Ring Cutter | | | 12 | BTM #61511 | EACH | \$ 4.33 | 1 | \$ 4.3300 |
| 120 | Ring Cutter Blades | | | 25 | BTM #61512 | EACH | \$ 1.70 | 1 | \$ 1.7000 |
| 121 | Scalpel, disposable, #11 | | | 60 | BTM #400012 | EACH | \$ 0.40 | 1 | \$ 0.4000 |
| 122 | Shears, Trauma | 71/2" | | 60 | BTM #61411 | PAIR | \$ 0.76 | 1 | \$ 0.7600 |
| 123 | Trousseau Dilator | | | 12 | BTM #323360 | EACH | \$ 16.45 | 1 | \$ 16.4500 |
| IV SUPPLIES | | | | | | | | | |
| 124 | 10 Drop IV Admin Set | P/N EMS3110 | Baxter - Required | 1000 | BTM #10-83011 | EACH | \$ 1.39 | 1 | \$ 1.3900 |
| 125 | 60 Drop IV Admin Set | P/N EMS3160 | Baxter - Required | 100 | BTM #60-83011 | EACH | \$ 1.71 | 1 | \$ 1.7100 |
| 126 | 3-Way Stopcock | P/N 2C6240 | Baxter - Required | 300 | BTM #35411 | EACH | \$ 0.94 | 1 | \$ 0.9400 |
| 127 | Alcohol Prep Pads | Medium | | 2000 | BTM #1330-85300 | BOX | \$ 1.40 | 200 | \$ 0.0070 |
| 128 | Buretrol Set, 60 Drops | P/N 2C8819 | Baxter - Required | 50 | BTM #118-2C7562EA | EACH | \$ 7.54 | 1 | \$ 7.5400 |
| 129 | IV Extension Set | P/N AE-3108 | Amsino - Required | 5000 | BTM #05-00811 | EACH | \$ 1.20 | 1 | \$ 1.2000 |
| 130 | IV Site Dressing | Pediatric | Veni-Guard - Required | 500 | BTM #354432 | BOX | \$ 32.00 | 100 | \$ 0.3200 |
| 131 | IV Site Dressing | Adult | Veni-Guard - Required | 1000 | BTM #36002MS | BOX | \$ 23.17 | 100 | \$ 0.2317 |
| 132 | Morgan Lens | | | 25 | BTM #710100 | EACH | \$ 25.35 | 1 | \$ 25.3500 |
| 133 | Pressure Infuser, Disposable | 1000ml | | 20 | BTM #354010 | EACH | \$ 15.21 | 1 | \$ 15.2100 |
| 134 | Tourniquet, Latex Free | 1" X 18" | | 6000 | BTM #9634 | EACH | \$ 0.10 | 1 | \$ 0.1000 |
| 135 | Universal Vial Adapter | P/N 2N3395 | Baxter - Required | 300 | BTM #353395 | EACH | \$ 2.25 | 1 | \$ 2.2500 |
| MONITORING | | | | | | | | | |

| | | | | | | | | | | Bound Tree | | | |
|--------------------------|-----------------------------------|---|--|-------------------|-----------------------|-----------------------------|----------------------|----------------------|---------------|------------|--|--|--|
| | Product Name | Product Description | Preferred Manufacturer | Est. Yearly usage | Vendor Catalog Number | Unit Of Measure (ie BX, CS) | Unit Of Measure Cost | Quantity per Measure | Cost Per Item | | | | |
| 136 | Blood Press. Cuff Disposable | Infant, ML Fitting | LP 12/15 Compatible | 100 | BTM #US0814ML-05 | EACH | \$ 6.95 | 1 | \$ 6.9500 | | | | |
| 137 | Blood Press. Cuff Disposable | Child, ML Fitting | LP 12/15 Compatible | 100 | BTM #US1320ML-05 | EACH | \$ 7.47 | 1 | \$ 7.4700 | | | | |
| 138 | Blood Press. Cuff Disposable | Small Adult, ML Fitting | LP 12/15 Compatible | 100 | BTM #US1826ML-05 | EACH | \$ 8.50 | 1 | \$ 8.5000 | | | | |
| 139 | Blood Press. Cuff Disposable | Adult, ML Fitting | LP 12/15 Compatible | 200 | BTM #US2635ML-05 | EACH | \$ 10.40 | 1 | \$ 10.4000 | | | | |
| 140 | Blood Press. Cuff Disposable | Large Adult, ML Fitting | LP 12/15 Compatible | 200 | BTM #US3242ML-05 | EACH | \$ 11.27 | 1 | \$ 11.2700 | | | | |
| 141 | Blood Press. Cuff Manual | Infant | | 12 | BTM #36010 | EACH | \$ 5.15 | 1 | \$ 5.1500 | | | | |
| 142 | Blood Press. Cuff Manual | Child | | 20 | BTM #36011 | EACH | \$ 5.15 | 1 | \$ 5.1500 | | | | |
| 143 | Blood Press. Cuff Manual | Adult | | 30 | BTM #36012 | EACH | \$ 5.15 | 1 | \$ 5.1500 | | | | |
| 144 | Blood Press. Cuff Manual | Large Adult | | 30 | BTM #36013 | EACH | \$ 5.81 | 1 | \$ 5.8100 | | | | |
| 145 | CO2 Detector | Pedi-Cap II | Nellcor - Required | 600 | BTM #530025 | EACH | \$ 9.66 | 1 | \$ 9.6600 | | | | |
| 146 | CO2 Detector | Easy Cap II | Nellcor - Required | 800 | BTM #530024 | EACH | \$ 9.66 | 1 | \$ 9.6600 | | | | |
| 147 | EKG Electrodes | Pediatric, Diaphoretic | Medi-Trace - Required | 1000 | BTM #54133 | PKG | \$ 0.49 | 3 | \$ 0.1633 | | | | |
| 148 | EKG Electrodes | Adult, Diaphoretic (30 per PK) | Medi-Trace - Required | 8000 | BTM #E5910 | PKG | \$ 4.60 | 30 | \$ 0.1533 | | | | |
| 149 | LifePak 12/15 Pulse Ox Sensor | Infant, I-20 | Massimo | 100 | BTM #D5213 | EACH | \$ 20.59 | 1 | \$ 20.5900 | | | | |
| 150 | LifePak 12/15 Pulse Ox Sensor | Pediatric, D-20 | Massimo | 250 | BTM #D5214 | EACH | \$ 16.25 | 1 | \$ 16.2500 | | | | |
| 151 | LifePak 12/15 Pulse Ox Sensor | Adult, Reuseable | Massimo | 75 | BTM #D5219 | EACH | \$ 184.00 | 1 | \$ 184.0000 | | | | |
| 152 | LifePak 12/15 Pulse Ox Sensor | Extension Cable, 4 ft | Massimo | 20 | BTM #134-B505-1011 | EACH | \$ 62.03 | 1 | \$ 62.0300 | | | | |
| 153 | LifePak 15 Temp Sensor | 11996-000359 | Medtronic - Required | 100 | BTM #2732-96359 | EACH | \$ 5.61 | 1 | \$ 5.6100 | | | | |
| MONITORING EQUIPMENT | | | | | | | | | | | | | |
| 154 | Nail Polish Remover Pads | | | 1000 | BTM #27B-1501BX | BOX | \$ 3.67 | 100 | \$ 0.0367 | | | | |
| 155 | Razors, Disposable | | | 50 | BTM #540047 | EACH | \$ 0.35 | 1 | \$ 0.3500 | | | | |
| 156 | Stethoscope | Infant/Pediatric, Proscope | | 20 | BTM #36020 | EACH | \$ 4.49 | 1 | \$ 4.4900 | | | | |
| 157 | Stethoscope | Adult, Adscope/Sprague | | 30 | BTM #36020 | EACH | \$ 4.49 | 1 | \$ 4.4900 | | | | |
| 158 | Thermoscan | | | 4 | BTM #2731-14602 | EACH | \$ 210.00 | 1 | \$ 210.0000 | | | | |
| 159 | Thermoscan Covers | | | 5000 | BTM #2733-57505 | BOX | \$ 14.78 | 200 | \$ 0.0739 | | | | |
| MONITORING LIFEPAK 12/15 | | | | | | | | | | | | | |
| 160 | Defibrillation Pad, LifePak 12/15 | Pediatric, Physio Control Quick Combo Pad | ConMed R2 Multifunction Electrode - Required | 200 | BTM #R29710 | PAIR | \$ 15.25 | 1 | \$ 15.2500 | | | | |
| 161 | Defibrillation Pad, LifePak 12/15 | Adult, Physio Control, Quick Combo Pad | ConMed R2 Multifunction Electrode - Required | 400 | BTM #R17300 | PAIR | \$ 15.00 | 1 | \$ 15.0000 | | | | |
| 162 | EIC02 Nasal Canula | Adult, Smart CapnoLine | Microstream | 200 | BTM #177653 | EACH | \$ 8.15 | 1 | \$ 8.1500 | | | | |
| 163 | Filter, Line Set | Adult/Pediatric | Microstream | 200 | BTM #174620 | EACH | \$ 6.95 | 1 | \$ 6.9500 | | | | |
| 164 | LifePak 12/15 ECG 12 lead cable | 11110-000022 | Medtronic - Required | 12 | BTM #2743-02211 | EACH | \$ 134.00 | 1 | \$ 134.0000 | | | | |
| 165 | LifePak 12/15 ECG Main trunk | 11110-000018 | Medtronic - Required | 6 | BTM #2743-01811 | EACH | \$ 315.00 | 1 | \$ 315.0000 | | | | |
| 166 | LifePak 12 ECG NIBP 9ft hose | 11996-000033 | Medtronic - Required | 7 | BTM #2613-96392 | EACH | \$ 54.90 | 1 | \$ 54.9000 | | | | |
| 167 | LifePak 12/15 Paper | | | 1000 | BTM #2745-10108 | ROLL | \$ 1.15 | 1 | \$ 1.1500 | | | | |
| NEEDLES | | | | | | | | | | | | | |
| 168 | Angiocath | 12 Ga X 3" | | 25 | BTM #602830 | EACH | \$ 16.33 | 1 | \$ 16.3300 | | | | |
| 169 | IV Catheters Protective Plus | 14 Ga | Medex | 400 | BTM #1612-84210 | EACH | \$ 1.31 | 1 | \$ 1.3100 | | | | |
| 170 | IV Catheters Protective Plus | 16 Ga | Medex | 600 | BTM #1612-84220 | EACH | \$ 1.31 | 1 | \$ 1.3100 | | | | |
| 171 | IV Catheters Protective Plus | 18 Ga | Medex | 1500 | BTM #1612-84230 | EACH | \$ 1.31 | 1 | \$ 1.3100 | | | | |
| 172 | IV Catheters Protective Plus | 20 Ga | Medex | 1500 | BTM #1612-84240 | EACH | \$ 1.31 | 1 | \$ 1.3100 | | | | |
| 173 | IV Catheters Protective Plus | 22 Ga | Medex | 800 | BTM #1612-84250 | EACH | \$ 1.31 | 1 | \$ 1.3100 | | | | |
| 174 | IV Catheters Protective Plus | 24 Ga | Medex | 600 | BTM #1612-84260 | EACH | \$ 1.31 | 1 | \$ 1.3100 | | | | |
| OXYGEN DELIVERY | | | | | | | | | | | | | |
| 175 | Aerosol Mask | Infant | | 100 | BTM #301-201EA | EACH | \$ 0.67 | 1 | \$ 0.6700 | | | | |
| 176 | Aerosol Mask | Pediatric | | 100 | BTM #301-203EA | EACH | \$ 0.85 | 1 | \$ 0.8500 | | | | |
| 177 | Aerosol Mask | Adult | | 200 | BTM #301-202EA | EACH | \$ 0.85 | 1 | \$ 0.8500 | | | | |
| 178 | BVM | Infant | Ambu SPUR II - Req | 12 | BTM #540-211 | EACH | \$ 10.55 | 1 | \$ 10.5500 | | | | |
| 179 | BVM | Pediatric | Ambu SPUR II - Req | 12 | BTM #530-213 | EACH | \$ 10.55 | 1 | \$ 10.5500 | | | | |
| 180 | BVM | Adult | Ambu SPUR II - Req | 84 | BTM #2442-52002 | EACH | \$ 8.70 | 1 | \$ 8.7000 | | | | |
| 181 | CPAP Set w/ Med Mask | P/N 313-7059X | Pulmonary - Required | 75 | BTM #313-7059EA | EACH | \$ 44.00 | 1 | \$ 44.0000 | | | | |
| 182 | CPAP Large Mask Only | P/N 313-7030 | Pulmonary - Required | 75 | BTM #313-7030EA | EACH | \$ 18.97 | 1 | \$ 18.9700 | | | | |
| 183 | CPAP Filter | P/N 313-7043 | Pulmonary - Required | 75 | BTM #313-7043EA | EACH | \$ 1.51 | 1 | \$ 1.5100 | | | | |
| 184 | CPAP "T" Adapter | P/N 313-2230 | Pulmonary - Required | 75 | BTM #313-2230EA | EACH | \$ 2.09 | 1 | \$ 2.0900 | | | | |
| 185 | Nasal Canula | Infant, non flared | | 100 | BTM #410336 | EACH | \$ 0.75 | 1 | \$ 0.7500 | | | | |
| 186 | Nasal Canula | Pediatric, non flared | | 150 | BTM #30056 | EACH | \$ 0.27 | 1 | \$ 0.2700 | | | | |
| 187 | Nasal Canula | Adult, non flared | | 5000 | BTM #14645 | EACH | \$ 0.25 | 1 | \$ 0.2500 | | | | |
| 188 | Nebulizer with Mouthpiece/Tubing | | | 100 | BTM #301-200EA | EACH | \$ 0.65 | 1 | \$ 0.6500 | | | | |
| 189 | Non-Rebreather Mask | Infant | | 50 | BTM #415497 | EACH | \$ 3.59 | 1 | \$ 3.5900 | | | | |
| 190 | Non-Rebreather Mask | Pediatric | | 150 | BTM #533-MS-25058EA | EACH | \$ 0.72 | 1 | \$ 0.7200 | | | | |
| 191 | Non-Rebreather Mask | Adult | | 1000 | BTM #533-MS-25060EA | EACH | \$ 0.72 | 1 | \$ 0.7200 | | | | |
| OXYGEN EQUIPMENT | | | | | | | | | | | | | |
| 192 | Barbed Fitting, Plastic | | | 20 | BTM #11187 | EACH | \$ 0.28 | 1 | \$ 0.2800 | | | | |
| 193 | D Cylinder Wrench, Plastic | | | 12 | BTM #11188BK | EACH | \$ 0.32 | 1 | \$ 0.3200 | | | | |
| 194 | Oxygen Fitting, Ohmeda | 1/8" Male NPT | | 6 | BTM #382105 | EACH | \$ 14.73 | 1 | \$ 14.7300 | | | | |
| 195 | Oxygen Fitting, Ohmeda | 1/8" Female NPT | | 6 | BTM #382156 | EACH | \$ 35.46 | 1 | \$ 35.4600 | | | | |
| 196 | Oxygen Flow Meter | 0 - 15 LPM | | 12 | BTM #020629 | EACH | \$ 21.88 | 1 | \$ 21.8800 | | | | |
| 197 | Oxygen Flow Selector Valve | 0 - 25 LPM | | 10 | BTM #10956 | EACH | \$ 29.88 | 1 | \$ 29.8800 | | | | |
| 198 | Oxygen Regulator, 2 DISS, 1 BARB | 0 - 25 LPM | | 6 | BTM #D2401 | EACH | \$ 83.54 | 1 | \$ 83.5400 | | | | |

| | | | | | Bound Tree | | | | |
|-----------------|----------------------------------|-----------------------|------------------------|-------------------|-----------------------|-----------------------------|----------------------|----------------------|---------------|
| | Product Name | Product Description | Preferred Manufacturer | Est. Yearly Usage | Vendor Catalog Number | Unit Of Measure (ie BX, CS) | Unit Of Measure Cost | Quantity per Measure | Cost Per Item |
| PPE | | | | | | | | | |
| 199 | Germicidal Disposable Wipes | 160 per Tub | | 24 | BTM #297272 | TUB | \$ 5.70 | 160 | \$ 0.0356 |
| 200 | Gloves, Small | Sterling Xtra Nitrile | Kimberly-Clark - Req | 80 | BTM #1015-13801 | BOX | \$ 10.19 | 100 | \$ 0.1019 |
| 201 | Gloves, Medium | Sterling Xtra Nitrile | Kimberly-Clark - Req | 200 | BTM #1015-13902 | BOX | \$ 10.19 | 100 | \$ 0.1019 |
| 202 | Gloves, Large | Sterling Xtra Nitrile | Kimberly-Clark - Req | 500 | BTM #1015-14003 | BOX | \$ 10.19 | 100 | \$ 0.1019 |
| 203 | Gloves, X-Large | Sterling Xtra Nitrile | Kimberly-Clark - Req | 400 | BTM #1015-14104 | BOX | \$ 10.19 | 100 | \$ 0.1019 |
| 204 | Mask, Molded Pre-Formed | | | 100 | BTM #290500 | BOX | \$ 4.36 | 50 | \$ 0.0872 |
| 205 | N95 Respirator | P/N 8211 | 3M - Required | 28 | BTM #1031-44528 | EACH | \$ 1.85 | 1 | \$ 1.8500 |
| 206 | O. B. Kits, Latex Free | | | 14 | BTM #540-1721EA | EACH | \$ 4.72 | 1 | \$ 4.7200 |
| 207 | Protective Gown | | | 14 | BTM #298576 | BOX | \$ 16.10 | 15 | \$ 1.0733 |
| 208 | Protective Shoe Covers | | | 14 | BTM #R5037 | CASE | \$ 18.25 | 150 | \$ 0.1217 |
| 209 | Protective Sleeves | | | 28 | BTM #295561 | EACH | \$ 0.09 | 1 | \$ 0.0900 |
| 210 | Quick Care Hand Sanitizer | 7 oz | EcoLab | 50 | BTM #1063-71307 | EACH | \$ 4.25 | 1 | \$ 4.2500 |
| 211 | Quick Care Holder | 7 oz | EcoLab | 14 | BTM #283-92022019 | EACH | \$ - | 1 | \$ - |
| SUCTION | | | | | | | | | |
| 212 | Bulb Syringe | 2 Ounce | | 10 | BTM #044-AS00502EA | EACH | \$ 0.28 | 1 | \$ 0.2800 |
| 213 | Meconium Aspirator | | Neotech - Required | 10 | BTM #590101 | EACH | \$ 4.31 | 1 | \$ 4.3100 |
| 214 | Nasogastric Tube | 8 FR | | 20 | BTM #14756MS | EACH | \$ 2.23 | 1 | \$ 2.2300 |
| 215 | Nasogastric Tube | 10 FR | | 20 | BTM #2231-91110 | EACH | \$ 1.83 | 1 | \$ 1.8300 |
| 216 | Nasogastric Tube | 12 FR | | 20 | BTM #2231-92912 | EACH | \$ 1.83 | 1 | \$ 1.8300 |
| 217 | Nasogastric Tube | 14 FR | | 20 | BTM #2231-94514 | EACH | \$ 1.83 | 1 | \$ 1.8300 |
| 218 | Nasogastric Tube | 16 FR | | 20 | BTM #2231-96016 | EACH | \$ 1.83 | 1 | \$ 1.8300 |
| 219 | Safe-T-Vac Suction Catheter | 5 FR | | 20 | BTM #320005 | EACH | \$ 0.45 | 1 | \$ 0.4500 |
| 220 | Safe-T-Vac Suction Catheter | 10 FR | | 20 | BTM #320010 | EACH | \$ 0.38 | 1 | \$ 0.3800 |
| 221 | Safe-T-Vac Suction Catheter | 14 FR | | 20 | BTM #320014 | EACH | \$ 0.38 | 1 | \$ 0.3800 |
| 222 | Safe-T-Vac Suction Catheter | 18 FR | | 20 | BTM #320018 | EACH | \$ 0.38 | 1 | \$ 0.3800 |
| 223 | Suction Canister | 1200cc | Bemis | 60 | BTM #591375 | EACH | \$ 2.62 | 1 | \$ 2.6200 |
| 224 | Suction Tubing | 1/4" X 6' | | 60 | BTM #D4808 | EACH | \$ 0.59 | 1 | \$ 0.5900 |
| 225 | Yankauer Suction Tip | With Control Vent | | 60 | BTM #16107 | EACH | \$ 0.46 | 1 | \$ 0.4600 |
| SYRINGES | | | | | | | | | |
| 226 | Mucosal Atomization Device (MAD) | (w/o syringe) | | 20 | BTM #400125 | EACH | \$ 6.15 | 1 | \$ 6.1500 |
| 227 | Syringe, Luer Loc | 20ml | | 60 | BTM #1633-20720 | EACH | \$ 0.22 | 1 | \$ 0.2200 |
| 228 | Syringe, Luer Loc | 60ml | | 60 | BTM #620300 | BOX | \$ 11.28 | 25 | \$ 0.4512 |
| 229 | Syringe with Needle | 1ml 27 Ga X 1/2" | Terumo | 30 | BTM #1745 | BOX | \$ 12.60 | 100 | \$ 0.1260 |
| TWINPAK | | | | | | | | | |
| 230 | TwinPak | P/N 303390 | BD - Required | 4000 | BTM #G4128 | EACH | \$ 0.43 | 1 | \$ 0.4300 |
| 231 | TwinPak with Syringe, 3ml | P/N 303391 | BD - Required | 50 | BTM #C012387 | BOX | \$ 46.97 | 100 | \$ 0.4697 |
| 232 | TwinPak with Syringe, 5ml | P/N 303392 | BD - Required | 50 | BTM #303392 | BOX | \$ 50.25 | 100 | \$ 0.5025 |
| 233 | TwinPak with Syringe, 10ml | P/N 303393 | BD - Required | 50 | BTM #303393 | BOX | \$ 53.28 | 100 | \$ 0.5328 |

Signature below acknowledges that the information contained in the bid tabulation above is accurate

Bound Tree Medical, LLC

Company Name

5000 Tuttle Crossing Blvd.

Address

Dublin, OH 43016

City, State, Zip

Signature

Rhiannon Greene

Printed Name

800-533-0523

Phone Number

submitbids@boundtree.com

Email

GENERAL INFORMATION AND MINIMUM INSURANCE REQUIREMENTS

COMMERCIAL GENERAL LIABILITY INSURANCE

The Supplier/Vendor shall purchase and maintain at the Supplier/Vendor's expense Commercial General Liability insurance coverage (ISO or comparable Occurrence Form) for the life of this Contract. Modified Occurrence or Claims Made forms are not acceptable.

The Limits of this insurance shall not be less than the following limits:

| | |
|--|-------------|
| Each Occurrence Limit | \$1,000,000 |
| Personal & Advertising Injury Limit | \$1,000,000 |
| Fire Damage Limit (any one fire) | \$ 300,000 |
| Medical Expense Limit (any one person) | \$ 10,000 |
| Products & Completed Operations Aggregate Limit | \$2,000,000 |
| General Aggregate Limit (other than Products & Completed Operations) Applies Per Project | \$2,000,000 |

General liability coverage shall continue to apply to "bodily injury" and to "property damage" occurring after all work on the Site of the covered operations to be performed by or on behalf of the additional insureds has been completed and shall continue after that portion of "your work" out of which the injury or damage arises has been put to its intended use.

Supplier/Vendor shall require each of his Sub-Supplier/Vendors to likewise purchase and maintain at their expense Commercial General Liability insurance coverage meeting the same limit and requirements as the Supplier/Vendors insurance.

Certificates of Insurance acceptable to Nassau County Board of County Commissioners for the Contractor/Vendor's insurance must be received within ten (10) days of Notification of Selection and at time of signing Agreement.

Certificates of Insurance and the insurance policies required for this Agreement shall contain an endorsement that coverage afforded under the policies will not be cancelled or allowed to expire until at least thirty (30) days prior written notice has been given to Nassau County Board of County Commissioners.

Certificates of Insurance and the insurance policies required for this Agreement will include a provision that policies are primary and noncontributory to any insurance maintained by the Supplier/Vendor.

Nassau County Board of County Commissioners must be named as an Additional Insured and endorsed onto the Commercial General Liability (CGL) policy. A copy of the endorsement(s) must be supplied to Nassau County Board of County Commissioners ten (10) days following the execution of the agreement or prior to the first date of services, whichever comes first.

CGL policy Additional Insured Endorsement must include Ongoing and Completed Operations (Form CG2010 11 84 **OR** Form CG2010 04 13 and GC2037 04 13 edition or equivalent). Other Additional Insured forms might be acceptable but only if modified to delete the word "ongoing" and insert the sentence "Operations include ongoing and completed operations".

CGL policy shall not be endorsed with Exclusion - Damage to Work performed by Sub-Supplier/Vendors on Your Behalf (CG2294 or CG2295)

CGL policy shall not be endorsed with Contractual Liability Limitation Endorsement (CG2139) or Amendment of Insured Contract Definition (CG 2426)

CGL policy shall not be endorsed with Exclusion - Damage to Premises Rented to you (CG 2145)

CGL policy shall include broad form contractual liability coverage for the Supplier/Vendors covenants to and indemnification of the Authority under this Contract

Certificates of Insurance and the insurance policies required for this Agreement shall contain a provision under General Liability to include a Waiver of Subrogation clause in favor of Nassau County Board of County Commissioners.

All Certificates of Insurance shall be dated and shall show the name of the insured Supplier/Vendor, the specific job by name and job number, the name of the insurer, the policy number assigned its effective date and its termination date and a list of any exclusionary endorsements.

All Insurers must be authorized to transact insurance business in the State of Florida as provided by Florida Statute 624.09(1) and the most recent Rating Classification/Financial Category of the insurer as published in the latest edition of "Best's Key Rating Guide" (Property-Casualty) must be at least A- or above.

All of the above referenced Insurance coverage is required to remain in force for the duration of this Agreement and for the duration of the warranty period. Accordingly, at the time of submission of final application for payment, Supplier/Vendor shall submit an additional Certificate of Insurance evidencing continuation of such coverage.

If the Supplier/Vendor fails to procure, maintain or pay for the required insurance, Nassau County Board of County Commissioners shall have the right (but not the obligation) to secure same in the name of and for the account of Supplier/Vendor, in which event, Supplier/Vendor shall pay the cost thereof and shall furnish upon demand, all information that may be required to procure such insurance. Nassau County Board of County Commissioners shall have the right to back-charge Supplier/Vendor for the cost of procuring such insurance. The failure of Nassau County Board of County Commissioners to demand certificates of insurance and endorsements evidencing the required insurance or to identify any deficiency in Supplier/Vendors coverage based on the evidence of insurance provided by the Supplier/Vendor shall not be construed as a waiver by Nassau County Board of County Commissioners of Supplier/Vendor's obligation to procure, maintain and pay for required insurance.

The insurance requirements set forth herein shall in no way limit Supplier/Vendors liability arising out of the work performed under the Agreement or related activities. The inclusions, coverage and limits set forth herein are minimum inclusion, coverage and limits. The required minimum policy limits set forth shall not be construed as a limitation of Supplier/Vendor's right under any policy with higher limits, and no policy maintained by the Supplier/Vendor shall be construed as limiting the type, quality or quantity of insurance coverage that Supplier/Vendor should maintain. Supplier/Vendor shall be responsible for determining appropriate inclusions, coverage and limits, which may be in excess of the minimum requirements set forth herein.

If the insurance of any Supplier/Vendor or any Sub-Supplier/Vendor contains deductible(s), penalty(ies) or self-insured retention(s), the Supplier/Vendor or Sub-Supplier/Vendor whose insurance contains such provision(s) shall be solely responsible for payment of such deductible(s), penalty(ies) or self-insured retention(s).

The failure of Supplier/Vendor to fully and strictly comply at all times with the insurance requirements set forth herein shall be deemed a material breach of the Agreement.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/30/2018

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 have ADDITIONAL INSURED provisions or 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 Aon Risk Services Northeast, Inc. Columbus OH Office 445 Hutchinson Avenue Suite 900 Columbus OH 43235 USA | | CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURED Sarnova, Inc., Bound Tree Medical, LLC 5000 Tuttle Crossing Blvd. Dublin OH 43016 USA | | INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A:</td><td>Hartford Fire Insurance Co.</td><td>NAIC #</td><td>19682</td></tr><tr><td>INSURER B:</td><td>Sentinel Insurance Company, Ltd</td><td>NAIC #</td><td>11000</td></tr><tr><td>INSURER C:</td><td>Hartford Casualty Insurance Co</td><td>NAIC #</td><td>29424</td></tr><tr><td>INSURER D:</td><td>Medmarc Casualty Ins Co</td><td>NAIC #</td><td>22241</td></tr><tr><td>INSURER E:</td><td></td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td><td></td></tr></table> | | INSURER A: | Hartford Fire Insurance Co. | NAIC # | 19682 | INSURER B: | Sentinel Insurance Company, Ltd | NAIC # | 11000 | INSURER C: | Hartford Casualty Insurance Co | NAIC # | 29424 | INSURER D: | Medmarc Casualty Ins Co | NAIC # | 22241 | INSURER E: | | | | INSURER F: | | | |
| INSURER A: | Hartford Fire Insurance Co. | NAIC # | 19682 | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | Sentinel Insurance Company, Ltd | NAIC # | 11000 | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | Hartford Casualty Insurance Co | NAIC # | 29424 | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | Medmarc Casualty Ins Co | NAIC # | 22241 | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570070654899 **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. **Limits shown are as requested**

| 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | 33UUNVG3435 | 12/01/2017 | 12/01/2018 | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>Excluded</td></tr></table> | EACH OCCURRENCE | \$1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,000 | MED EXP (Any one person) | \$10,000 | PERSONAL & ADV INJURY | \$1,000,000 | GENERAL AGGREGATE | \$2,000,000 | PRODUCTS - COMP/OP AGG | Excluded |
| EACH OCCURRENCE | \$1,000,000 | | | | | | | | | | | | | | | | | | |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,000 | | | | | | | | | | | | | | | | | | |
| MED EXP (Any one person) | \$10,000 | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | \$1,000,000 | | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$2,000,000 | | | | | | | | | | | | | | | | | | |
| PRODUCTS - COMP/OP AGG | Excluded | | | | | | | | | | | | | | | | | | |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | 33 UUN VG3435 | 12/01/2017 | 12/01/2018 | <table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table> | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 | BODILY INJURY (Per person) | | BODILY INJURY (Per accident) | | PROPERTY DAMAGE (Per accident) | | | | | |
| COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per person) | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per accident) | | | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE (Per accident) | | | | | | | | | | | | | | | | | | | |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000 | | | 33RHUVG1892 | 12/01/2017 | 12/01/2018 | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$10,000,000</td></tr><tr><td>AGGREGATE</td><td>\$10,000,000</td></tr></table> | EACH OCCURRENCE | \$10,000,000 | AGGREGATE | \$10,000,000 | | | | | | | | |
| EACH OCCURRENCE | \$10,000,000 | | | | | | | | | | | | | | | | | | |
| AGGREGATE | \$10,000,000 | | | | | | | | | | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | <table border="1"><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td></td></tr><tr><td>E.L. DISEASE-EA EMPLOYEE</td><td></td></tr><tr><td>E.L. DISEASE-POLICY LIMIT</td><td></td></tr></table> | PER STATUTE | OTH-ER | E.L. EACH ACCIDENT | | E.L. DISEASE-EA EMPLOYEE | | E.L. DISEASE-POLICY LIMIT | | | | | |
| PER STATUTE | OTH-ER | | | | | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE-EA EMPLOYEE | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE-POLICY LIMIT | | | | | | | | | | | | | | | | | | | |
| D | Products Liab | | | 17OH380020 Claims Made | 12/01/2017 | 12/01/2018 | <table border="1"><tr><td>Aggregate Limit</td><td>\$10,000,000</td></tr><tr><td>Agg Deductible</td><td>\$150,000</td></tr><tr><td>Per Occ Limit</td><td>\$10,000,000</td></tr></table> | Aggregate Limit | \$10,000,000 | Agg Deductible | \$150,000 | Per Occ Limit | \$10,000,000 | | | | | | |
| Aggregate Limit | \$10,000,000 | | | | | | | | | | | | | | | | | | |
| Agg Deductible | \$150,000 | | | | | | | | | | | | | | | | | | |
| Per Occ Limit | \$10,000,000 | | | | | | | | | | | | | | | | | | |

Certificate No : 570070654899

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Nassau County Board of County Commissioners is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Nassau County Board of County Commissioners Contract Management Department 96135 Nassau Place, Suite 6 Yulee FL 32097 USA | 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 <i>Aon Risk Services Northeast, Inc.</i> |



Page _ of _

| | | |
|---|-----------|---|
| AGENCY Aon Risk Services Northeast, Inc. | | NAMED INSURED Sarnova, Inc., Bound Tree Medical, LLC |
| POLICY NUMBER See Certificate Number: 570070654899 | | |
| CARRIER See Certificate Number: 570070654899 | NAIC CODE | EFFECTIVE DATE: |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|-------------------------------|--------|
| INSURER | |
| INSURER | |
| INSURER | |
| INSURER | |

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

[illegible]