

CONTRACT FOR  
MEDICAL SUPPLIES FOR FIRE RESCUE

THIS CONTRACT entered into this 9<sup>th</sup> 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 **MIDWEST MEDICAL SUPPLY CO., LLC**, 13400 Lakefront Drive, Earth City, MO 63045, 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 it's 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](mailto: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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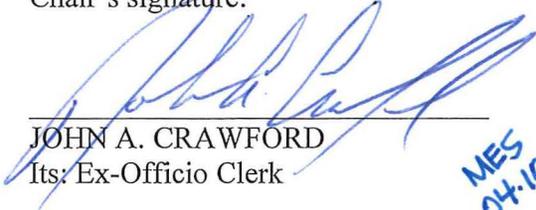
IN WITNESS WHEREOF, the parties have executed this contract, in two (2) copies, each of which shall be deemed an original on this day and year first above written.

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



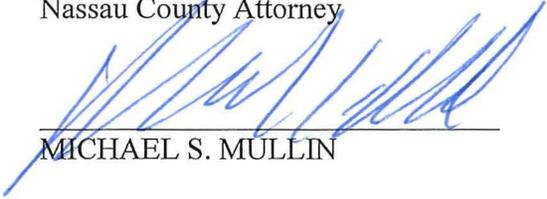
PAT EDWARDS  
Its: Chairman

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]

MIDWEST MEDICAL SUPPLY CO., LLC

By: JoAnn Rudd  
Its: EM Specialist

STATE OF Florida  
COUNTY OF Volusia

Before me personally appeared, JoAnn Rudd, 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 30 day of March, 2018.

Julia Strange  
Notary Signature

Notary-Public-State of  
My Commission Expires



**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.

MIDWEST MEDICAL SUPPLY CO., 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
	<b>MONITORING</b>								
136	Blood Press. Cuff Disposable	Infant, ML Fitting	LP 12/15 Compatible	100	CASST0814ML-05	CASE	\$ 9.08	5	\$ 1.816
137	Blood Press. Cuff Disposable	Child, ML Fitting	LP 12/15 Compatible	100	CASST1320ML-05	CASE	\$ 10.22	5	\$ 2.044
138	Blood Press. Cuff Disposable	Small Adult, ML Fitting	LP 12/15 Compatible	100	CASST1826ML-05	CASE	\$ 11.18	5	\$ 2.236
139	Blood Press. Cuff Disposable	Adult, ML Fitting	LP 12/15 Compatible	200	CASST2635ML-05	CASE	\$ 14.53	5	\$ 2.906
140	Blood Press. Cuff Disposable	Large Adult, ML Fitting	LP 12/15 Compatible	200	CASST3242ML-05	CASE	\$ 16.10	5	\$ 3.22
141	Blood Press. Cuff Manual	Infant		12	VRD02-1084	EACH	\$ 4.83	1	\$ 4.83
142	Blood Press. Cuff Manual	Child		20	VRD02-1083	EACH	\$ 4.83	1	\$ 4.83
143	Blood Press. Cuff Manual	Adult		30	VRD02-1081	EACH	\$ 4.83	1	\$ 4.83
144	Blood Press. Cuff Manual	Large Adult		30	VRD02-1082	EACH	\$ 4.99	1	\$ 4.99
145	CO2 Detector	Pedi-Cap II	Nellcor - Required	600	MALPEDIAP	EACH	\$ 9.03	1	\$ 9.03
146	CO2 Detector	Easy Cap II	Nellcor - Required	800	MALEASYCAP II	EACH	\$ 9.03	1	\$ 9.03
147	EKG Electrodes	Pediatric, Diaphoretic	Medi-Trace - Required	1000	KEN31439725	PKG	\$ 0.50	3	\$ 0.1667
148	EKG Electrodes	Adult, Diaphoretic (30 per PK)	Medi-Trace - Required	8000	KEN31013926	BAG	\$ 4.74	30	\$ 0.158
149	LifePak 12/15 Pulse Ox Sensor	Infant, I-20	Massimo	100	MAS2514	BOX	\$ 287.08	20	\$ 14.354
150	LifePak 12/15 Pulse Ox Sensor	Pediatric, D-20	Massimo	250	MAS2510	BOX	\$ 231.17	20	\$ 11.5585
151	LifePak 12/15 Pulse Ox Sensor	Adult, Reuseable	Massimo	75	MAS2501	BOX	\$ 116.27	1	\$ 116.27
152	LifePak 12/15 Pulse Ox Sensor	Extension Cable, 4 ft	Massimo	20	MAS2021	EACH	\$ 147.43	1	\$ 147.43
153	LifePak 15 Temp Sensor	11996-000359	Medtronic - Required	100	PHC11996-000359	BOX	\$ 124.43	20	\$ 6.2215

Midwest Medical Supply Co., LLC

	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	
1	Berman Oral Airway	40mm		12	SUN1-1506-40	BOX	\$ 6.47	50	\$ 0.1294	
2	Berman Oral Airway	50mm		12	SUN1-1506-50	BOX	\$ 6.47	50	\$ 0.1294	
3	Berman Oral Airway	60mm		16	SUN1-1506-60	BOX	\$ 6.47	50	\$ 0.1294	
4	Berman Oral Airway	70mm		20	SUN1-1506-70	BOX	\$ 6.47	50	\$ 0.1294	
5	Berman Oral Airway	80mm		20	SUN1-1506-80	BOX	\$ 6.47	50	\$ 0.1294	
6	Berman Oral Airway	90mm		20	SUN1-1506-90	BOX	\$ 6.47	50	\$ 0.1294	
7	Berman Oral Airway	100mm		12	SUN1-1506-99	BOX	\$ 6.47	50	\$ 0.1294	
8	Berman Oral Airway	110mm		12	SUN1-1506-11	BOX	\$ 6.47	50	\$ 0.1294	
9	ET Tube w/ stylette	2.0 Uncuffed		100	TEL150020	BOX	\$ 34.53	10	\$ 3.4530	
10	ET Tube w/ stylette	2.5 Uncuffed		100	TEL150025	BOX	\$ 34.53	10	\$ 3.4530	
11	ET Tube w/ stylette	3.0 Uncuffed		100	POR100/103/030	BOX	\$ 13.55	10	\$ 1.3550	
12	ET Tube w/ stylette	3.5 Uncuffed		100	POR100/103/035	BOX	\$ 13.55	10	\$ 1.3550	
13	ET Tube w/ stylette	4.0 Uncuffed		100	POR100/103/040	BOX	\$ 13.55	10	\$ 1.3550	
14	ET Tube w/ stylette	4.5 Uncuffed		100	POR100/103/045	BOX	\$ 13.55	10	\$ 1.3550	
15	ET Tube w/ stylette	5.0 Uncuffed		100	POR100/103/050	BOX	\$ 13.55	10	\$ 1.3550	
16	ET Tube w/ stylette	5.5 Cuffed		100	SUN1-7343-55	BOX	\$ 13.58	10	\$ 1.3580	
17	ET Tube w/ stylette	6.0 Cuffed		100	SUN1-7343-60	BOX	\$ 13.58	10	\$ 1.3580	
18	ET Tube w/ stylette	6.5 Cuffed		150	SUN1-7343-65	BOX	\$ 13.58	10	\$ 1.3580	
19	ET Tube w/ stylette	7.0 Cuffed		150	SUN1-7343-70	BOX	\$ 13.58	10	\$ 1.3580	
20	ET Tube w/ stylette	7.5 Cuffed		150	SUN1-7343-75	BOX	\$ 13.58	10	\$ 1.3580	
21	ET Tube w/ stylette	8.0 Cuffed		150	SUN1-7343-80	BOX	\$ 13.58	10	\$ 1.3580	
22	ET Tube w/ stylette	8.5 Cuffed		100	SUN1-7343-85	BOX	\$ 13.58	10	\$ 1.3580	
23	ET Tube w/ stylette	9.0 Cuffed		100	SUN1-7343-90	BOX	\$ 13.58	10	\$ 1.3580	
24	Nasopharyngeal Airway	12 FR		40	SUN15073-12	BOX	\$ 17.41	10	\$ 1.7410	
25	Nasopharyngeal Airway	14 FR		40	SUN15073-14	BOX	\$ 17.41	10	\$ 1.7410	
26	Nasopharyngeal Airway	16 FR		40	SUN15073-16	BOX	\$ 17.41	10	\$ 1.7410	
27	Nasopharyngeal Airway	18 FR		40	SUN15073-18	BOX	\$ 17.41	10	\$ 1.7410	
28	Nasopharyngeal Airway	20 FR		40	DYN4591	EACH	\$ 1.66	1	\$ 1.6600	
29	Nasopharyngeal Airway	22 FR		40	DYN4592	EACH	\$ 1.66	1	\$ 1.6600	
30	Nasopharyngeal Airway	24 FR		80	DYN4593	EACH	\$ 1.66	1	\$ 1.6600	
31	Nasopharyngeal Airway	26 FR		80	DYN4594	EACH	\$ 1.66	1	\$ 1.6600	
32	Nasopharyngeal Airway	28 FR		80	DYN4595	EACH	\$ 1.66	1	\$ 1.6600	
33	Nasopharyngeal Airway	30 FR		80	DYN4596	EACH	\$ 1.66	1	\$ 1.6600	
34	Nasopharyngeal Airway	32 FR		80	DYN4597	EACH	\$ 1.66	1	\$ 1.6600	
35	Nasopharyngeal Airway	34 FR		80	DYN4598	EACH	\$ 1.66	1	\$ 1.6600	
36	Nasopharyngeal Airway	36 FR		80	DYN4599	EACH	\$ 1.66	1	\$ 1.6600	
37	Airway Equipment	Bite Stick, Latex Free		16	AME4010T	EACH	\$ 0.29	1	\$ 0.2900	
38	Introducer, ET Tube			60	DYN4583	EACH	\$ 3.11	1	\$ 3.1100	
39	Lubricating Jelly, Sterile	3 grams		200	DYN1250	BOX	\$ 5.66	144	\$ 0.0393	
40	Postl Tube, ET Tube Placement			20					NO BID	
41	Thomas Tube Holder	Pediatric	Laerdal - Required	100	LAE600-20000	EACH	\$ 2.65	1	\$ 2.6500	
42	Thomas Tube Holder	Adult	Laerdal - Required	200	LAE600-10000	EACH	\$ 2.65	1	\$ 2.6500	
43	Airway, King System	King Tube LT-D Kits	King Airway - Required	40	KINKLTSD422	CASE	\$ 361.10	10	\$ 36.1100	
44	King Tube LT-D Kits	Size 2.5	King Airway - Required	40	KINKLTSD4225	CASE	\$ 361.10	10	\$ 36.1100	
45	King Tube LTS-D Kits	Size 3	King Airway - Required	40	KINKLTSD423	EACH	\$ 33.33	10	\$ 3.3330	
46	King Tube LTS-D Kits	Size 4	King Airway - Required	80	KINKLTSD424	EACH	\$ 33.33	10	\$ 3.3330	
47	King Tube LTS-D Kits	Size 5	King Airway - Required	80	KINKLTSD425	EACH	\$ 33.33	10	\$ 3.3330	
48	Airway Laryngoscope	Laryngoscope Blade	Mac #0	Intubrite	6	SAL1020.C	BOX	\$ 180.68	20	\$ 9.0340
49	Laryngoscope Blade	Mac #1	Intubrite	12	SAL1021.C	BOX	\$ 180.68	20	\$ 9.0340	
50	Laryngoscope Blade	Mac #2	Intubrite	12	SAL1022.C	BOX	\$ 180.68	20	\$ 9.0340	
51	Laryngoscope Blade	Mac #3	Intubrite	12	SAL1023.C	BOX	\$ 180.68	20	\$ 9.0340	
52	Laryngoscope Blade	Mac #4	Intubrite	12	SAL1024.C	BOX	\$ 180.68	20	\$ 9.0340	
53	Laryngoscope Blade	Miller #0	Intubrite	6	SAL1030.C	BOX	\$ 180.68	20	\$ 9.0340	
54	Laryngoscope Blade	Miller #1	Intubrite	12	SAL1031.C	BOX	\$ 180.68	20	\$ 9.0340	
55	Laryngoscope Blade	Miller #2	Intubrite	12	SAL1032.C	BOX	\$ 180.68	20	\$ 9.0340	
56	Laryngoscope Blade	Miller #3	Intubrite	12	SAL1033.C	BOX	\$ 180.68	20	\$ 9.0340	
57	Laryngoscope Blade	Miller #4	Intubrite	12	SAL1034.C	BOX	\$ 180.68	20	\$ 9.0340	
58	Laryngoscope Handle	Small	Intubrite	12	SAL2016.C	BOX	\$ 226.13	20	\$ 11.3065	
59	Laryngoscope Handle	Large	Intubrite	12	SAL2015.C	BOX	\$ 226.13	20	\$ 11.3065	
60	BANDAGES	1" Self Adherent Wrap		200	DYN3171	CASE	\$ 9.39	30	\$ 0.3130	
61	2" Self Adherent Wrap			205	DYN3172	CASE	\$ 21.33	36	\$ 0.5925	
62	4" X 4" X 8 ply	Non-Sterile		250	EMPGA44820	PKG	\$ 1.61	200	\$ 0.0081	
63	4" X 4" X 8 ply	Sterile		200	EMPGA44821 25PKS/2	BOX	\$ 1.16	50	\$ 0.0232	
64	ABD Pad	5" X 9"		25	DYN3501	BOX	\$ 1.66	20	\$ 0.0780	
65	ABD Pad	7 1/2" X 8"		25	DYN3502	CASE	\$ 31.23	240	\$ 0.1301	
66	ABD Pad	8" X 10"		25	DYN3503	BOX	\$ 3.06	24	\$ 0.1275	
67	Asherman Chest Seal		ACS - Required	50	TEL849100	EACH	\$ 8.52	1	\$ 8.5200	
68	Band-Aids	3/4" x 3", Cloth		1000	ASOCBD4018-012-000	BOX	\$ 1.25	100	\$ 0.0125	
69	Burn Sheet, Sterile	60" X 90"		60	MSOMS-BS0033	EACH	\$ 1.64	1	\$ 1.6400	
70	Cold PK			300	DYN4512	CASE	\$ 9.36	24	\$ 0.3900	
71	Conforming Gauze Bandage	2" Sterile		1000	DYN3112	BAG	\$ 2.21	12	\$ 0.1842	

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## Midwest Medical Supply Co., LLC

	Product Name	Product Description	Preferred Manufacturer	Est. Yearly Usage	Vendor Catalog Number	Unit Of Measure (in BX, CS)	Unit Of Measure Cost	Quantity per Measure	Cost Per Item
72	Conforming Gauze Bandage	4" Sterile		1000	DYN3114	BAG	\$ 2.75	12	\$ 0.2292
73	Eye Patch	Large Oval		60	DYN3360	BOX	\$ 3.54	50	\$ 0.0708
74	Hot PK			250	DYN4516	CASE	\$ 13.57	24	\$ 0.5654
75	Hydrogen Peroxide	16 oz bottle		100	DYDD0012	EACH	\$ 0.56	1	\$ 0.5600
76	Mechanical Advantage Tourniquet		MAT - Required	50					NO BID
77	Multi-Trama Dressing	12" X 30"		50	MSOMS-GZM001	EACH	\$ 0.75	1	\$ 0.7500
78	Petroleum Dressing	4" X 4"		100	KEN8884413605, 3X9	EACH	\$ 0.63	1	\$ 0.6300
79	Tape 1"	Transpore	3M - Required	1000	3/M1527-1	BOX	\$ 10.09	12	\$ 0.8408
80	Tape 2"	Transpore	3M - Required	1000	3/M1527-2	BOX	\$ 10.09	6	\$ 1.6817
81	Triangular Bandages	40" X 40" X 56"		60	MSOMS-11050	EACH	\$ 0.19	1	\$ 0.1900
82	Backboard Bags	24" x 86"		1	PSCRL-100	CASE	\$ 168.34	100	\$ 1.6834
83	Convenience Bags			200	EMPEB100	PKG	\$ 10.00	25	\$ 0.4000
84	Red BGs, Small	24" X 24"		2000	ACTF116	CASE	\$ 50.20	500	\$ 0.1004
85	Red BGs, Large	30.5" X 41"		1000	ACT117	EACH	\$ 0.22	1	\$ 0.2200
86	Sharps Shuttle/Dart			500	DYN4630-SHAFT	EACH	\$ 1.38	1	\$ 1.3800
87	Sharps Container, 2 gal			60	KEN311442222	EACH	\$ 3.10	1	\$ 3.1000
88	Sharps Container, 3 gal			100	KEN8537SA	EACH	\$ 8.65	1	\$ 8.6500
89	Bracket, Mounting for 3 qt			6	KEN8524C	CASE	\$ 51.92	5	\$ 10.3840
90	Blanket, Quilted, Disposable			100					NO BID
91	Blanket, Yellow, Disposable	60" X 90"		2000	GRA54849 54x84	EACH	\$ 0.99	1	\$ 0.9900
92	Cot Sheet, Fitted, Disposable			5000	GRA65244	CASE	\$ 45.20	50	\$ 0.9040
93	Pillow, Disposable	Poly/Cotton		250	CAR089-7015	EACH	\$ 2.19	1	\$ 2.1900
94	NALC 0.9% Injection USP 100ml	P/N 2B1307	Baxter - Required	80					NO BID
95	NALC 0.9% Injection USP 250ml	P/N 2B1322Q	Baxter - Required	80					NO BID
96	NALC 0.9% Injection USP 1000ml	P/N 2B1324X	Baxter - Required	1500					NO BID
97	NALC 0.9% IV Flush 10ml	P/N 8881570121	Covidien - Required	3000	KEN8881570121	BOX	\$ 17.90	30	\$ 0.5967
98	Sterile Water, Irrigation 1000ml			40	WEL6291	CASE	\$ 12.35	6	\$ 2.0583
99	Backboard Straps	9' with Cam Buckle, Orange		6000	DKM12091OR	EACH	\$ 9.65	1	\$ 9.6500
100	C Collar	Adult adjustable	ClearCollar - Preferred	1000	AMBU ACE AMB000-281-000	EACH	\$ 4.01	1	\$ 4.0100
101	C Collar	Ped adjustable	ClearCollar - Preferred	600	AMBU Mini ACE AMB000-281-106	EACH	\$ 4.01	1	\$ 4.0100
102	Head Immobilizer	Sta-Blok	Laerdal - Required	1000	LAE700-00001	EACH	\$ 3.95	1	\$ 3.9500
103	Magamover Plus	P/N 53376	Graham - Preferred	400	GRA53376	EACH	\$ 20.71	1	\$ 20.7100
104	ProSplint Kit	Adult		12	MSP113995	EACH	\$ 115.30	1	\$ 115.3000
105	Restrant, Ankle	P/N 2755	Posay - Required	7	POS2755	PAIR	\$ 19.34	1	\$ 19.3400
106	Restrant, Ankle Disposable			12	DKM52000	EACH	\$ 16.39	1	\$ 16.3900
107	Restrant, Wrist	P/N 2750	Posay - Required	7	POS2750	PAIR	\$ 19.15	1	\$ 19.1500
108	Restrant, Wrist Disposable			12	DKM51000	PAIR	\$ 8.83	1	\$ 8.8300
109	SAM Splint / Flex-All			60	DYN3528-Actisplint	EACH	\$ 3.00	1	\$ 3.0000
110	SAM Pelvic Sling	Medium	SAM - Required	10	BOU665566	EACH	\$ 67.94	1	\$ 67.9400
111	SAM Pelvic Sling	Large	SAM - Required	10	BOU665567	EACH	\$ 67.94	1	\$ 67.9400
112	Traction Splint	QD-3 Child		1	FAR1126512	EACH	\$ 138.00	1	\$ 138.0000
113	Traction Splint	QD-4 Adult		1	FAR1126514	EACH	\$ 138.00	1	\$ 138.0000
114	Center Punch			25	AME360	EACH	\$ 4.98	1	\$ 4.9800
115	Forceps, Magill	Pediatric		25	AME315	EACH	\$ 3.72	1	\$ 3.7200
116	Forceps, Magill	Adult		25	AME316	EACH	\$ 4.06	1	\$ 4.0600
117	Forceps, Kelly	51/2" Curved		25	AME311	EACH	\$ 1.78	1	\$ 1.7800
118	Forceps, Kelly	51/2" Straight		25	AME310	EACH	\$ 1.78	1	\$ 1.7800
119	Ring Cutter			12	AME380	EACH	\$ 11.64	1	\$ 11.6400
120	Ring Cutter Blades			25	AME381	EACH	\$ 4.50	1	\$ 4.5000
121	Scalpel, disposable, #11			60	DYN4111	BOX	\$ 3.77	10	\$ 0.3770
122	Shears, Trauma	71/2"		60	DYN4180	CASE	\$ 33.50	50	\$ 0.6700
123	Trousseau Dilator			12					NO BID
124	10 Drop IV Admin Set	P/N EMS3110	Baxter - Required	1000	BAXEMS3110	CASE	\$ 101.58	48	\$ 2.1163
125	60 Drop IV Admin Set	P/N EMS3160	Baxter - Required	100	BAXEMS3160	CASE	\$ 108.28	48	\$ 2.2558
126	3-Way Stopcock	P/N 2C6240	Baxter - Required	300	BBM458003-B BRAUN	EACH	\$ 0.65	1	\$ 0.6500
127	Alcohol Prep Pads	Medium		2000	DUK852	BOX	\$ 1.24	200	\$ 0.0082
128	Buretrol Set, 60 Drops	P/N 2C8819	Baxter - Required	50	DISCONTINUED #				NO BID
129	IV Extension Set	P/N AE-3108	Amalino - Required	5000	BBM480208-B BRAUN	EACH	\$ 0.88	1	\$ 0.8800
130	IV Site Dressing	Pediatric	Veni-Guard - Required	500	CON730-4432	BOX	\$ 30.00	100	\$ 0.3000
131	IV Site Dressing	Adult	Veni-Guard - Required	1000	CON705-4431	BOX	\$ 32.96	100	\$ 0.3296
132	Morgan Lens			25	MORMT2000	EACH	\$ 28.46	1	\$ 28.4600
133	Pressure Infuser, Disposable	1000ml		20	VENVC410	EACH	\$ 7.67	1	\$ 7.6700
134	Tourniquet, Latex Free	1" X 18"		6000	G/F4109-1LF	BOX	\$ 16.50	250	\$ 0.0660
135	Universal Vial Adapter	P/N 2N3395	Baxter - Required	300	BAX2N3395	CASE	\$ 519.50	240	\$ 2.1646

## Midwest Medical Supply Co., LLC

	Product Name	Product Description	Preferred Manufacturer	Est. Yearly useage	Vendor Catalog Number	Unit Of Measure (Is 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	CASST0814ML-05	CASE	\$ 9.08	5	\$ 1.8160
137	Blood Press. Cuff Disposable	Child, ML Fitting	LP 12/15 Compatible	100	CASST1320ML-05	CASE	\$ 10.22	5	\$ 2.0440
138	Blood Press. Cuff Disposable	Small Adult, ML Fitting	LP 12/15 Compatible	100	CASST1826ML-05	CASE	\$ 11.18	5	\$ 2.2360
139	Blood Press. Cuff Disposable	Adult, ML Fitting	LP 12/15 Compatible	200	CASST2635ML-05	CASE	\$ 14.53	5	\$ 2.9060
140	Blood Press. Cuff Disposable	Large Adult, ML Fitting	LP 12/15 Compatible	200	CASST3242ML-05	CASE	\$ 16.10	5	\$ 3.2200
141	Blood Press. Cuff Manual	Infant		12	VRD02-1084	EACH	\$ 4.83	1	\$ 4.8300
142	Blood Press. Cuff Manual	Child		20	VRD02-1083	EACH	\$ 4.83	1	\$ 4.8300
143	Blood Press. Cuff Manual	Adult		30	VRD02-1081	EACH	\$ 4.83	1	\$ 4.8300
144	Blood Press. Cuff Manual	Large Adult		30	VRD02-1082	EACH	\$ 4.99	1	\$ 4.9900
145	CO2 Detector	Pedi-Cap II	Nellcor - Required	600	MALPEDIAP	EACH	\$ 9.03	1	\$ 9.0300
146	CO2 Detector	Easy Cap II	Nellcor - Required	800	MALEASYCAP II	EACH	\$ 9.03	1	\$ 9.0300
147	EKG Electrodes	Pediatric, Diaphoretic	Medi-Trace - Required	1000	KEN31439725	PKG	\$ 0.50	3	\$ 0.1667
148	EKG Electrodes	Adult, Diaphoretic (30 per PK)	Medi-Trace - Required	8000	KEN31013926	BAG	\$ 4.74	30	\$ 0.1580
149	LifePak 12/15 Pulse Ox Sensor	Infant, I-20	Massimo	100	MAS2514	BOX	\$ 287.08	20	\$ 14.3540
150	LifePak 12/15 Pulse Ox Sensor	Pediatric, D-20	Massimo	250	MAS2510	BOX	\$ 231.17	20	\$ 11.5585
151	LifePak 12/15 Pulse Ox Sensor	Adult, Reuseable	Massimo	75	MAS2501	BOX	\$ 116.27	1	\$ 116.2700
152	LifePak 12/15 Pulse Ox Sensor	Extension Cable, 4 ft	Massimo	20	MAS2021	EACH	\$ 147.43	1	\$ 147.4300
153	LifePak 15 Temp Sensor	11996-000359	Medtronic - Required	100	PHC11996-000359	BOX	\$ 124.43	20	\$ 6.2215
<b>MONITORING EQUIPMENT</b>									
154	Nail Polish Remover Pads			1000	DYN1501	BOX	\$ 3.67	100	\$ 0.0367
155	Razors, Disposable			50	DYN4251	BOX	\$ 15.33	50	\$ 0.3066
156	Stethoscope	Infant/Pediatric, Proscope		20	AME875BK	EACH	\$ 3.98	1	\$ 3.9800
157	Stethoscope	Adult, Adscope/Sprague		30	VRD05-11001	EACH	\$ 4.44	1	\$ 4.4400
158	Thermoscan			4	W/A06000-200	EACH	\$ 202.84	1	\$ 202.8400
159	Thermoscan Covers			5000	W/A06000-005	SL	\$ 12.94	200	\$ 0.0647
<b>MONITORING LIFEPAK 12/15</b>									
160	Defibrillation Pad, LifePak 12/15	Pediatric, Physio Control Quick Combo Pad	ConMed R2 Multifunction Electrode - Required	200	CON3112-1730	PAIR	\$ 13.33	1	\$ 13.3300
161	Defibrillation Pad, LifePak 12/15	Adult, Physio Control, Quick Combo Pad	ConMed R2 Multifunction Electrode - Required	400	CON3112-1731	PAIR	\$ 13.33	1	\$ 13.3300
162	EtCO2 Nasal Canula	Adult, Smart CapnoLine	Microstream	200	PHC11996-000167	EACH	\$ 11.44	1	\$ 11.4400
163	FilterLine Set	Adult/Pediatric	Microstream	200	PHC11996-000081	EACH	\$ 10.38	1	\$ 10.3800
164	LifePak 12/15 ECG 12 lead cable	11110-000022	Medtronic - Required	12	PHC11111-000022	EACH	\$ 131.36	1	\$ 131.3600
165	LifePak 12/15 ECG Main trunk	11110-000018	Medtronic - Required	6	PHC11111-000018	EACH	\$ 328.81	1	\$ 328.8100
166	LifePak 12 ECG NIBP 9ft hose	11996-000033	Medtronic - Required	7	PHC11996-000391	EACH	\$ 52.84	1	\$ 52.8400
167	LifePak 12/15 Paper			1000	LEO12394	BOX	\$ 8.88	5	\$ 1.7760
<b>NEEDLES</b>									
168	Angiocath	12 Ga X 3"		25	B/D382277	EACH	\$ 15.42	1	\$ 15.4200
169	IV Catheters Protective Plus	14 Ga	Medex	400	POR306801	EACH	\$ 1.35	1	\$ 1.3500
170	IV Catheters Protective Plus	16 Ga	Medex	600	POR306201	EACH	\$ 1.35	1	\$ 1.3500
171	IV Catheters Protective Plus	18 Ga	Medex	1500	POR306501	EACH	\$ 1.35	1	\$ 1.3500
172	IV Catheters Protective Plus	20 Ga	Medex	1500	POR306601	EACH	\$ 1.35	1	\$ 1.3500
173	IV Catheters Protective Plus	22 Ga	Medex	800	POR306001	EACH	\$ 1.35	1	\$ 1.3500
174	IV Catheters Protective Plus	24 Ga	Medex	600	POR308301	EACH	\$ 1.35	1	\$ 1.3500
<b>OXYGEN DELIVERY</b>									
175	Aerosol Mask	Infant		100					NO BID
176	Aerosol Mask	Pediatric		100	VEN2210	EACH	\$ 0.42	1	\$ 0.4200
177	Aerosol Mask	Adult		200	VEN2110	EACH	\$ 0.34	1	\$ 0.3400
178	BVM	Infant	Ambu SPUR II - Req	12	AMB540-212-00	CASE	\$ 160.20	12	\$ 13.3500
179	BVM	Pediatric	Ambu SPUR II - Req	12	AMB530-213-000	EACH	\$ 13.35	1	\$ 13.3500
180	BVM	Adult	Ambu SPUR II - Req	84	AMB520-211-000	EACH	\$ 10.58	1	\$ 10.5800
181	CPAP Set w/ Med Mask	P/N 313-7059X	Pulmodyne - Required	75					NO BID
182	CPAP Large Mask Only	P/N 313-7030	Pulmodyne - Required	75					NO BID
183	CPAP Filter	P/N 313-7043	Pulmodyne - Required	75					NO BID
184	CPAP "T" Adapter	P/N 313-2230	Pulmodyne - Required	75					NO BID
185	Nasal Canula	Infant, non flared		100	VEN1307	EACH	\$ 0.59	1	\$ 0.5900
186	Nasal Canula	Pediatric, non flared		150	VEN1207	EACH	\$ 0.35	1	\$ 0.3500
187	Nasal Canula	Adult, non flared		5000	VEN1007	EACH	\$ 0.24	1	\$ 0.2400
188	Nebulizer with Mouthpiece/Tubing			100	MTHMS-22883	EACH	\$ 0.62	1	\$ 0.6200
189	Non-Rebreather Mask	Infant		50	VEN2301	EACH	\$ 0.82	1	\$ 0.8200
190	Non-Rebreather Mask	Pediatric		150	VEN2201	EACH	\$ 0.64	1	\$ 0.6400
191	Non-Rebreather Mask	Adult		1000	VEN2101	EACH	\$ 0.61	1	\$ 0.6100
<b>OXYGEN EQUIPMENT</b>									
192	Barbed Fitting, Plastic			20	SUN8-2311-20	BOX	\$ 14.40	50	\$ 0.2880
193	D Cylinder Wrench, Plastic			12	SUN7-9900-13	EACH	\$ 0.73	1	\$ 0.7300
194	Oxygen Fitting, Ohmeda	1/8" Male NPT		6	PRM2101	EACH	\$ 12.82	1	\$ 12.8200
195	Oxygen Fitting, Ohmeda	1/8" Female NPT		6	PRM2150	EACH	\$ 28.80	1	\$ 28.8000
196	Oxygen Flow Meter	0 - 15 LPM		12	PRM7MFA1001	EACH	\$ 22.65	1	\$ 22.6500
197	Oxygen Flow Selector Valve	0 - 25 LPM		10	PRM7MFA1101	EACH	\$ 37.05	1	\$ 37.0500
198	Oxygen Regulator, 2 DISS, 1 BARB	0 - 25 LPM		6	MEPAREG8725-B2D	EACH	\$ 27.38	1	\$ 27.3800

Midwest Medical Supply Co., LLC

	Product Name	Product Description	Preferred Manufacturer	Est. Yearly useage	Vendor Catalog Number	Unit Of Measure (to BX, CS)	Unit Of Measure Cost	Quantity per Measure	Cost Per Item
199	Germicidal Disposable Wipes	160 per Tub		24	NICQ89072	TUB	\$ 5.39	160	\$ 0.0337
200	Gloves, Small	Sterling Xtra Nitrile	Kimberly-Clark - Req	80	K/CS3138	CASE	\$ 104.89	1000	\$ 0.1049
201	Gloves, Medium	Sterling Xtra Nitrile	Kimberly-Clark - Req	200	K/CS3139	CASE	\$ 104.89	1000	\$ 0.1049
202	Gloves, Large	Sterling Xtra Nitrile	Kimberly-Clark - Req	500	K/CS3140	CASE	\$ 104.89	1000	\$ 0.1049
203	Gloves, X-Large	Sterling Xtra Nitrile	Kimberly-Clark - Req	400	K/CS3141	CASE	\$ 104.89	1000	\$ 0.1049
204	Mask, Molded Pre-Formed			100	DUK1620	CASE	\$ 34.44	1000	\$ 0.0344
205	N95 Respirator	P/N 9211	3M - Required	28	3/M1870+, 9211 Discontinued	BOX	\$ 16.71	20	\$ 0.8355
206	O. B. Kits, Latex Free			14	MMD1702	EACH	\$ 4.78	1	\$ 4.7800
207	Protective Gown			14	DUK301	BAG	\$ 3.33	10	\$ 0.3330
208	Protective Shoe Covers			14	DYN2131	CASE	\$ 11.36	300	\$ 0.0379
209	Protective Sleeves			28	DUPTY500SWH00020000	CASE	\$ 73.50	200	\$ 0.3675
210	Quick Care Hand Sanitizer	7 oz	EcoLab	50	ECO06032713	CASE	\$ 52.14	12	\$ 4.3450
211	Quick Care Holder	7 oz	EcoLab	14					NO BID
212	SUCTION Bulb Syringe	2 Ounce		10	AMSAS00502	EACH	\$ 0.33	1	\$ 0.3300
213	Mecolium Aspirator		Neotech - Required	10	NEON0101	EACH	\$ 4.21	1	\$ 4.2100
214	Nasogastric Tube	8 FR		20	KEN8888268086	EACH	\$ 6.15	1	\$ 6.1500
215	Nasogastric Tube	10 FR		20	KEN8888264911	EACH	\$ 1.81	1	\$ 1.8100
216	Nasogastric Tube	12 FR		20	KEN8888264929	EACH	\$ 1.81	1	\$ 1.8100
217	Nasogastric Tube	14 FR		20	KEN8888264945	EACH	\$ 1.81	1	\$ 1.8100
218	Nasogastric Tube	16 FR		20	KEN8888264960	EACH	\$ 1.81	1	\$ 1.8100
219	Safe-T-Vac Suction Catheter	5 FR		20	DYN4806-6fr	EACH	\$ 0.17	1	\$ 0.1700
220	Safe-T-Vac Suction Catheter	10 FR		20	DYN4810	EACH	\$ 0.17	1	\$ 0.1700
221	Safe-T-Vac Suction Catheter	14 FR		20	DYN4814	EACH	\$ 0.17	1	\$ 0.1700
222	Safe-T-Vac Suction Catheter	18 FR		20	DYN818	EACH	\$ 0.17	1	\$ 0.1700
223	Suction Canister	1200cc	Bemis	60	BEM484410	EACH	\$ 2.76	1	\$ 2.7600
224	Suction Tubing	1/4" X 6'		60	DYN4686	EACH	\$ 0.62	1	\$ 0.6200
225	Yankauer Suction Tip	With Control Vent		60	DYN4690	EACH	\$ 0.34	1	\$ 0.3400
226	SYRINGES Mucosal Atomization Device (MAD)	(w/o syringe)		20	WLFMAD300	EACH	\$ 5.94	1	\$ 5.9400
227	Syringe, Luer Loc	20ml		60	DYN8991	BOX	\$ 8.00	50	\$ 0.1600
228	Syringe, Luer Loc	60ml		60	DYN8993	BOX	\$ 8.50	25	\$ 0.3400
229	Syringe with Needle	1ml 27 Ga X 1/2"	Tenumo	30	EXE26040 Exel	BOX	\$ 8.29	100	\$ 0.0829
230	TwinPak	P/N 303390	BD - Required	4000	B/D303390	CASE	\$ 393.33	1000	\$ 0.3933
231	TwinPak with Syringe, 3ml	P/N 303391	BD - Required	50	B/D303391	CASE	\$ 345.60	800	\$ 0.4320
232	TwinPak with Syringe, 5ml	P/N 303392	BD - Required	50	B/D303392	CASE	\$ 184.44	400	\$ 0.4611
233	TwinPak with Syringe, 10ml	P/N 303393	BD - Required	50	B/D303393	CASE	\$ 195.55	400	\$ 0.4889

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

Midwest Medical Supply Co., LLC  
 Company Name  
 13400 Lakefront Drive  
 Address  
 Fourth City, MO 63045  
 City, State, Zip  
 JoAnn Rudd  
 Signature  
 JoAnn Rudd  
 Printed Name  
 888-540-3232  
 Phone Number  
 JRudd@Concordance.hs.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)

4/3/2018

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hylant - Toledo 811 Madison Ave. Toledo OH 43604	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 419-255-1020      FAX (A/C, No): 419-255-7557 E-MAIL ADDRESS: toledo_hmi@hylant.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> CONCHEA-02 Concordance Healthcare Solutions LLC Kreisers, LLC; Midwest Medical Supply Co., LLC, Seneca Medical, LLC 85 Shaffer Park Drive Tiffin OH 44883	<b>INSURER A :</b> Hartford Fire Insurance Company      NAIC # 19682	
	<b>INSURER B :</b> Twin City Fire Insurance Co      29459	
	<b>INSURER C :</b> Hartford Casualty Insurance Co      29424	
	<b>INSURER D :</b> PMA Insurance Group	
	<b>INSURER E :</b>	
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** 1089648098      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	45UENBL0871	3/25/2018	3/25/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		45UENBL0872	3/25/2018	3/25/2019	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 type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		45RHUBK9845	3/25/2018	3/25/2019	EACH OCCURRENCE \$ 14,000,000 AGGREGATE \$ 14,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	2018000748350	3/25/2018	3/25/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B B	Products Liability Excess Liability-Products	Y	Y	45CESOF6586 45XSON0647	3/25/2018 3/25/2018	3/25/2019 3/25/2019	Each Occ. Primary \$1,000,000 Aggregate Primary \$2,000,000 Occ./Agg. Excess \$14,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Contract Number 2541; Bid Number NC18-001

Nassau County Board of Commissioners is Additional Insured as required by written contract. Operations include ongoing and completed operations. Waiver of Subrogation is included.

**CERTIFICATE HOLDER****CANCELLATION**

Nassau County Board of County Commissioners 96135 Nassau Place, Suite 6 Yulee FL 32097	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>Judy K. Wilson</i>

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