

AGENDA ITEM #42OCTOBER 26, 1999

Open and consider awarding, rejecting or extending bids for one (1) or more ambulances.

At 10:25 a.m. Judge Doerfler announced time open to receive bids for one (1) or more ambulances.

At 10:27 a.m. Judge Doerfler announced time closed to receive bids for one (1) or more ambulances.

Bids were received and read aloud from:

San Antonio Ambulance Sales, Inc.	\$80,138.00
Taylor Made Ambulances	\$75,070.00
McCoy Miller of the Phoenix Group	\$94,948.00

Moved: Judge Doerfler

Seconded: Commissioner Hays

Motion: To note receipt and opening of bids for one (1) or more ambulances with award to be made November 2, 1999.

Vote: Motion carried 4 - 0

< Clerk copy here >

WILLIAMSON COUNTY BID FORM

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ONE OR MORE TYPE 1 - CLASS 1 AMBULANCES

BID NUMBER: 00WC203

BID OPENING DATE & TIME: OCTOBER 26, 1999 - 10:15 AM

The undersigned, by his/her signature, represents that he/she is authorized to bind the bidder to fully comply with the terms and conditions of the attached Invitation for Bid, Specifications, and Special Provisions for the amount(s) shown on the accompanying bid sheet(s). By signing below, you have read the entire document and agreed to the terms therein.

NAME OF BIDDER: San Antonio Ambulance Sales, Inc.

Mailing Address: 14035 Dublin Square

City: San Antonio State: Texas Zip: 78217

Telephone: (210) 653-1444 Fax: (210) 653-9466


Signature of Person Authorized to Sign BID

Date of BID: 10/26/99

Name and Title of Signer: John M Huber - President
(Please Print or Type)

PLEASE COMPLETE THE FOLLOWING:

Prompt Payment Discount: 1/2 % 10 days. (If no discount is offered, Net 30 will apply.)
] "all or none" basis. (Will accept award of "all" items only. If left blank, low item will apply.)
] low item basis. (Will accept award on "any or all" items.)
List Additional Limitations if applicable _____

DO NOT SIGN OR SUBMIT THIS FORM
WITHOUT READING ENTIRE DOCUMENT

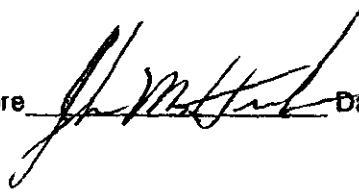
THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED WITH BID

Williamson County
Bid Specifications/Bid Sheets
1 or more Type I/Class I Ambulances

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Description	Cost per Unit
Type I -- Class I Ambulance	80,138.00

314

Bidder's Name SAN ANTONIO AMBULANCE SALES "
14035 DUBLIN SQUARRE
SAN ANTONIO, TEXAS 78217 Bidder's Signature  Date 10/31/99
NO 653-1441 FAX 210-255-0150

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ACORD CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YY)
10/20/98**REQUIRE**Tobias Insurance Group, Inc.
9247 N. Meridian St. Ste. 300
Indianapolis IN 46260H. Rickman
Phone No. 317-844-7758 Home 317-844-2910
INSUREDMedTec Ambulance Corporation
P.O. Box 821
Goshen IN 46527THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW**COMPANIES AFFORDING COVERAGE**

COMPANY A	U. S. F. & G. Insurance Company
COMPANY B	Gulf Ins. Company
COMPANY C	Casualty Insurance Co.
COMPANY D	

COVERAGESTHIS 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 THE
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

CO LTS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCLM <input type="checkbox"/> OWNER'S & CONTRACTOR'S WRGT	1MP30145674900	09/09/98	09/09/99	GENERAL AGGREGATE \$2,000,000 PRODUCTS COMPROP AGG \$2,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$5,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input 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	1MP30145674900	09/09/98	09/09/99	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/> DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
B	<input type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CU0222758	09/09/98	09/09/99	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE EMPLOYER/ PARTNER OR EXECUTIVE OFFICER'S ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WQ1808401	09/09/98	09/09/99	<input checked="" type="checkbox"/> INC STATE <input checked="" type="checkbox"/> INC FUTA EL EACH ACCIDENT \$500,000 EL DISEASE POLICY LIMIT \$500,000 EL DISEASE EA EMPLOYEE \$500,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER**RECORDERS MEMORANDUM**All or parts of the text on this page was not
clearly legible for satisfactory recording**CANCELLATION**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL endeavor to MAIL
30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY
OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

[Signature]

ACORD 25-B (1/98)

ACORD CORPORATION 1998

WILLIAMSON COUNTY BID FORM

ONE OR MORE TYPE 1 - CLASS 1 AMBULANCES

BID NUMBER: 00WC203

BID OPENING DATE & TIME: OCTOBER 26, 1999 - 10:15 AM

The undersigned, by his/her signature, represents that he/she is authorized to bind the bidder to fully comply with the terms and conditions of the attached Invitation for Bid, Specifications, and Special Provisions for the amount(s) shown on the accompanying bid sheet(s). By signing below, you have read the entire document and agreed to the terms therein.

NAME OF BIDDER: TAYLOR MADE AMBULANCES

Mailing Address: 3704 MEDALLION PLACE

City: NEWPORT State: AR Zip: 72112

Telephone: (800) 468-1310 Fax: (870) 523-4835

Bobby Joe Spearman Date of BID: 10/22/99
Signature of Person Authorized to Sign BID

Name and Title of Signer: BOBBY JOE SPEARMAN - NATIONAL SALES MANAGER
(Please Print or Type)

PLEASE COMPLETE THE FOLLOWING:

Prompt Payment Discount: NET DUE UPON DELIVERY % days. (If no discount is offered, Net 30 will apply.)
☐ "all or none" basis. (Will accept award of "all" items only. If left blank, low item will apply.)
☐ low item basis. (Will accept award on "any or all" items.)

List Additional Limitations if applicable: _____

DO NOT SIGN OR SUBMIT THIS FORM
WITHOUT READING ENTIRE DOCUMENT

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED WITH BID

Williamson County
Bid Specifications/Bid Sheets
1 or more Type I/Class I Ambulances

Description	Cost per Unit
Type I - Class I Ambulance	\$75,070.00

Bidder's Name Dayton Made Bidder's Signature Bg Spearman Date Page 30

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WILLIAMSON COUNTY BID FORM

ONE OR MORE TYPE 1 – CLASS 1 AMBULANCES

BID NUMBER: 00WC203

BID OPENING DATE & TIME: OCTOBER 26, 1999 - 10:15 AM

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NAME OF BIDDER: THE PHOENIX GROUP EMERGENCY VEHICLES

Mailing Address: 308 LAKEWOOD

City: WAXAHACHIE State: TEXAS Zip: 75165

Telephone: (800) 242-1822 Fax: (972) 937-4742

 Date of BID: OCT. 22, 1999
Signature of Person Authorized to Sign BID

Name and Title of Signer: JOE LACHER, SALESMAN
(Please Print or Type)

PLEASE COMPLETE THE FOLLOWING:

Prompt Payment Discount NET % 30 days (If no discount is offered, Net 30 will apply)
[☒] "all or none" basis (Will accept award of "all" items only If left blank, low item will apply)
[☒] low item basis. (Will accept award on "any or all" items)
List Additional Limitations if applicable NONE

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Williamson County
Bid Specifications/Bid Sheets
1 or more Type I/Class I Ambulances

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Description	Cost per Unit
Type I – Class I Ambulance	\$94,948.00

Bidder's Name The Phoenix Group Bidder's Signature Joe Lachman Date 10-22-99 Page 30

AGENDA ITEM #43OCTOBER 26, 1999

Consider authorizing advertising and setting date to open bids for millwork for new county courtroom.

Moved: Commissioner Boatright

Seconded: Commissioner Hays

Motion: To authorize County Auditor advertising 10 o'clock a.m. Friday, November 12, 1999, to receive bids in County Auditor's office for millwork for new County Court-at-Law #3 courtroom.

Vote: Motion carried 5 - 0

AGENDA ITEM #44OCTOBER 26, 1999

Consider authorizing advertising and setting date for public hearing for proposed adoption of minimum infrastructure standards for manufactured home rental communities.

Moved: Judge Doerfler

Seconded: Commissioner Boatright

Motion: To authorize County Attorney advertising 10 o'clock a.m. November 16, 1999, to hold public hearing for proposed adoption of minimum infrastructure standards for manufactured home rental communities.

Vote: Motion carried 5 - 0

COMMISSIONERS COURT RECESSED TO EXECUTIVE SESSION AT 10:46 A.M. ON TUESDAY, OCTOBER 26, 1999.

AGENDA ITEM #45OCTOBER 26, 1999

Discuss personnel (EXECUTIVE SESSION REQUESTED as per VTCA Govt Code sec 551.075 pertaining to personnel).

No action was taken in executive session.

AGENDA ITEM #46OCTOBER 26, 1999

Discuss real estate acquisition (EXECUTIVE SESSION REQUESTED as per VTCA Govt Code sec 551.072 pertaining to real property)

No action was taken in executive session.

COMMISSIONERS COURT RECONVENED FROM EXECUTIVE SESSION AT 12:50 A.M. TUESDAY, OCTOBER 26, 1999.

AGENDA ITEM #47OCTOBER 26, 1999

Discuss and take any appropriate action on personnel matters.

No action was taken on this agenda item.