



## REQUEST FOR BOARD ACTION

ITEM NO. 8.

**DATE OF MEETING:** January 3, 2012

**REQUESTED BY:** Rick Benton, County Manager

**SHORT TITLE:** Resolution Authorizing Termination of Transportation and Medical Examiner Services Contract with Wilmington Mortuary Services; and Authorizing Award and Contract Negotiation for Transportation and Medical Examiner Services for Pender County

**BACKGROUND:** At the November 7 Board meeting the Board of Commissioners requested proposals be solicited for the County's transportation and medical examiner services. The current contract for these services has been with Wilmington Mortuary Services since 2006. The contract runs with the fiscal year, and can be terminated without cause with 90 days written notice. A formal Request for Proposals was made available on Monday, November 14 and proposals were due on Wednesday, November 30. The Request for Proposals was mailed to the following firms: Andrews Mortuary-Wilmington, Dunn Funeral Home-Burgaw, Hardee Mortuary Service-Wilmington, Harrell's Funeral Home-Burgaw, Nixon-Lewis Funeral Home-Burgaw, Pender EMS and Rescue-Burgaw, Quinn McGowan Funeral Home-Burgaw, Wilmington Mortuary Service-Wilmington. The RFP was also posted on the County's web site, and advertised in the local government news section of the Topsail Voice and Pender Post.

The Board may desire to terminate the current contract as provided in the agreement (90 day termination notice), and make an award and authorize negotiations for a contract to become effective upon expiration of the 90 day termination period. The Board will approve the final contract and purchase order for the vendor.

Proposals were received from Andrews Mortuary and Crematory, of Wilmington, Debnam Services of Burgaw, Harrell's Funeral Home of Burgaw, and Thomas Transport of Hampstead.

A spreadsheet summarizing the proposals received is attached, along with a copy of the proposals.

**SPECIFIC ACTION REQUESTED:** To consider a resolution authorizing termination of the contract with Wilmington Mortuary Services; and authorizing an award and contract negotiations for transportation and medical examiner services to \_\_\_\_\_ to be effective upon the expiration of the 90 day termination period with the current vendor.

**COUNTY MANAGER'S RECOMMENDATION**

Respectfully recommend termination of current contract, and award of a new contract (subject to negotiations and subsequent Board approval) as determined by the Board to be satisfactory to meet the transportation and medical examiner services for Pender County.

Initial

**RESOLUTION**

**NOW, THEREFORE BE IT RESOLVED** by the Pender County Board of Commissioners that:

the Board hereby authorizes termination of the contract with Wilmington Mortuary Services; and authorizes an award and contract negotiations for transportation and medical examiner services with \_\_\_\_\_ to become effective upon the expiration of the 90 day termination period with the current vendor. Final Board approval of the contract and issuance of a purchase order will be forthcoming. The Chairman/County Manager is authorized to execute any/all documents necessary to implement this resolution.

**AMENDMENTS:**

MOVED \_\_\_\_\_ SECONDED \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ UNANIMOUS

YEA VOTES: Brown \_\_\_ Tate \_\_\_ Rivenbark \_\_\_ Ward \_\_\_ Williams \_\_\_

\_\_\_\_\_  
George R. Brown, Jr., Chairman      Date

\_\_\_\_\_  
ATTEST                                      Date

PROPOSALS FOR TRANSPORTATION AND MEDICAL EXAMINER SERVICES  
PENDER COUNTY

Proposal	Approved by State Medical Examiner	Insurance Certificate Provided	Experience	Proposed Rates
1 Andrews Mortuary & Crematory Wilmington, NC	Yes	Yes	Funeral & Transportation business since 1850. Licensed as transporter with NC Board of Funeral and Cremation Service and Chief Medical Examiner's Office.	Transportation-Non-ME Case \$210.00 Transportation-ME Case \$90 plus \$1 over 40 miles Lightweight Body Bag \$40.00 Heavyweight Body Bag \$85.00
2 Debnam Services Burgaw, NC	Yes	Yes	Debnam has been in the funeral home business for many years. They will use Hardee Mortuary Service as a subcontractor when necessary. Hardee currently transports bodies for Brunswick and Carteret counties.	Transportation-Non-ME Case \$90 plus \$1 over 40 miles Transportation-ME Case \$90 plus \$1 over 40 miles Lightweight Body Bag \$45.00 Heavyweight Body Bag \$95.00
3 Harrell's Funeral Home Burgaw, NC	Yes	No-will provide if selected	Funeral home business since 1913. Served as first EMS service in Pender County.	Transportation-Non-ME Case \$220.00 Transportation-ME Case \$220.00 Lightweight Body Bag \$45.00 Heavyweight Body Bag \$92.00
4 Thomas Transport Hampstead	No-has submitted	No-will provide if selected	No experience in funeral home or transport business. EMS and hospital corpsman experience.	Transportation-Non-ME Case \$150.00 Transportation-ME Case \$90 plus \$1 over 40 miles Lightweight Body Bag \$55.00 Heavyweight Body Bag \$100.00

**ANDREWS MORTUARY SERVICE  
PROPOSAL**

Exhibit D  
Proposal Form

1) COMPANY INFORMATION

Company Name: Andrews Mortuary, Inc.  
Mailing Address: P. O. Box 1319 Wilmington, NC 28402  
Physical Address: 1617 Market Street, Wilmington, NC 28401  
Primary Contact Name: J. Scot Andrews  
Primary Contact Phone/email: 910-762-7788 jsa@andrewsmortuary.com  
910 512-7888

2) INSURANCE

Insurance Company: Cincinnati Insurance Co.  
Agent: Woodbury & Co.  
Address: 1111 Military Cutoff Rd., Wilmington, NC 28405  
Telephone/e-mail Contact: 910-763-3431

3) PROPOSED SERVICE RATES

<u>Item</u>	<u>Proposed Rate</u>	<u>Proposed Service Provider</u>
1) Transport (Non ME) (ME, state rate)	\$210.00	Andrews Mortuary
2) Medical Examiner		Per Scot 12-9-11
3) Autopsy		
4) Body Bag (Lightweight)	\$40.00	
5) Body Bag (Heavy Duty)	\$85.00	

4) AUTHORIZATION OF OFFICE OF CHIEF MEDICAL EXAMINER

(Firm shall attach copy of active authorization to provide all services set forth in proposed agreement)

5) DESCRIPTION OF FIRM'S EXPERIENCE IN MORTUARY SERVICES AND TRANSPORTATION

(Firm shall submit a written description of the firm's experience and capabilities to provide the medical examiner and transportation services required)

Submitted by:

*Scott Anderson*  
Owner's Representative Signature

11-29-11  
Date

ATTEST:

*Deborah H. Hood*



Andrews Mortuary has been in the funeral / transportation business since 1850. We have staff and automotive equipment available to respond to calls 24 hours a day, 7 days a week, and will transport to the appropriate location as determined.

We are licensed by the NC Board of Funeral and Cremation Service as a transporter and also on the list of certified body transporters with the Office of the Chief Medical Examiner in NC.

Our professionally trained staff conduct themselves in a dignified manner at all times and are accustomed to handling bodies with sensitivity and respect.

We feel like we are well qualified and very capable of providing transportation and Medical Examiner services for deceased persons in Pender County.

G.S. 10B-41 NOTARIAL  
CERTIFICATE OF ACKNOWLEDGMENT

STATE OF NORTH CAROLINA  
New Hanover County

I certify that the following person(s) appeared before me this day,  
each acknowledging to me that he or she signed the foregoing document:

J. Scot Andrews

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: 11-29-11

Official Signature of Notary Deborah H. Hood

Notary's printed name: Deborah H. Hood

(Official Seal)

My Commission expires: 10/20/2015





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/29/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER Woodbury & Co. 1111 Military Cutoff Rd Suite 221 Wilmington NC 28405	CONTACT NAME: Frances Fussell CPIW	
	PHONE (A/C, No, Ext): (910) 763-3431 FAX (A/C, No): (910) 763-7637 E-MAIL ADDRESS: ffussell@woodburyinsurance.com PRODUCER CUSTOMER ID #: 00001719	
INSURED Andrews Mortuary Inc, Andrews Properties Inc, Atlantic Cremation Service, and Sea Lawn Memorial Park PO Box 1319 Wilmington NC 28402	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Cincinnati Insurance Company	10677
	INSURER B: Hartford Ins Co of the Midwest	21822
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X		EBP0053503	6/1/2011	6/1/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Funeral Service Provider						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> Professional Liability						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			CAA5861331	6/1/2011	6/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
<input type="checkbox"/> NON-OWNED AUTOS	\$						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			CAP5861331	6/1/2011	6/1/2012	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		22WBCVT9708	6/1/2011	6/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Cemetery Professional Liability			CAP5861331	6/1/2011	6/1/2012	Each Occurrence \$1,000,000 Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Pender County is included as Additional Insured on the General Liability policy.

<b>CERTIFICATE HOLDER</b>  Pender County 805 S. Walker St. Burgaw, NC 28425	<b>CANCELLATION</b>  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  E Woodbury/BONNIE

We thank you for the remittance of your license fee. Your receipt card is below.  
Your cooperation is greatly appreciated.

Sincerely yours,

*Paul Harris*  
**Paul Harris**  
**Executive Director**

Jay Scot Andrews  
Andrews Mortuary, Inc.  
PO Box 1319  
Wilmington, North Carolina 28402

**N.C. Board of Funeral Service**

*This is to certify*

Jay Scot Andrews

**TRANSPORT ONLY**  
has met the licensure requirements of NCGS 90-210.25.

Andrews Mortuary, Inc.

**Expires** 12/31/11

By *Paul Harris*  
Executive Director

Bend at arrow ↓ and peel card.

# Office of the Chief Medical Examiner

## Attachment A-1

Agreement Period: July 1, 2010 – June 30, 2013

### TRANSPORTATION OF DEAD BODIES

We/I, the undersigned propose and agree, upon acceptance by the Office of the Chief Medical Examiner, to furnish transportation services for dead human bodies as required and described in the Standard Transportation Agreement for the county or counties indicated on the reverse side of this form.

Name of Firm, Corporation or  
Sole Proprietorship

Andrews Mortuary, Inc.

(Name Associated With Tax ID Number Below)

Federal Tax Identification Number

56-1207034

(Tax ID Number That We Should Use To Report Your Earnings To The IRS)

Is This Business Incorporated?  Yes  No

Is this a DBA?  Yes  No

Contact Person & Title

J. Scot Andrews, V-Pres.

Mailing Address

P. O. Box 1319

City, State & Zip Code + 4

Wilmington, NC 28402

Physical Address (if different from above)

1617 Market Street

City, State & Zip Code + 4

Wilmington, NC 28401

Telephone Number

910-762-7788

Pager Number

Fax Number

910-762-0621

Cell Phone Number

Check all that apply and retain document of proof:

<input type="checkbox"/> Disabled Business Enterprise	<input type="checkbox"/> Female Owned Business	<input checked="" type="checkbox"/>	<input type="checkbox"/> Private for Profit Business	<input type="checkbox"/> Nonprofit Work Center for Blind or the Severely Disabled
<input type="checkbox"/> Disabled Owned Business	<input type="checkbox"/> Minority Owned Business		<input type="checkbox"/> Private for Non-Profit Business	

My signature below hereby certifies:

- that I have read and understand the attached Agreement;
- that neither I nor any employees of this firm have been convicted of a felony or a crime involving fraud or morale turpitude;
- that I have adequate insurance per paragraph 4.13 in the attached Agreement (a copy of my insurance coverage is attached);
- that my firm has a current, valid permit issued by the North Carolina Board of Funeral Service or Ambulance Provider License per paragraph 4.14 in the attached Agreement (a copy of my permit is attached).

IN WITNESS THEREOF, the parties have executed this agreement in duplicate originals, one of which is retained by each of the parties, effective the day and year first above written.

TRANSPORTING FIRM

OFFICE OF THE CHIEF MEDICAL EXAMINER

BY:

J. Scot Andrews

Proprietor/Corporate President or VP

11/23/10

Date

BY:

John Brown

Administrator

11/29/10

Date

WITNESS:

Laura A. Gairney

WITNESS:

Lynn Poole

Check here  If your firm does NOT want the name of its business published or listed in the List of Authorized Body Transporters on our website. This includes firms which wish to transport family designated cases ONLY.

PLEASE INDICATE WHICH COUNTIES YOUR FIRM IS WILLING TO PROVIDE TRANSPORTATION SERVICES FOR (check all boxes that apply):

A = ALWAYS AVAILABLE  
R = Reserve Transporter Only

A	R	
		Alamance
		Alexander
		Alleghany
		Anson
		Ashe
		Avery
		Beaufort
		Bertie
		Bladen
x		Brunswick
		Buncombe
		Burke
		Cabarrus
		Caldwell
		Camden
		Carteret
		Caswell
		Catawba
		Chatham
		Cherokee
		Chowan
		Clay
		Cleveland
x		Columbus
		Craven
		Cumberland
		Currituck
		Dare
		Davidson
		Davie
		Duplin
		Durham
		Edgecombe
		Forsyth
		Franklin

A	R	
		Gaston
		Gates
		Graham
		Granville
		Greene
		Guilford
		Halifax
		Harnett
		Haywood
		Henderson
		Hertford
		Hoke
		Hyde
		Iredell
		Jackson
		Johnston
		Jones
		Lee
		Lenoir
		Lincoln
		Macon
		Madison
		Martin
		McDowell
		Mecklenburg
		Mitchell
		Montgomery
		Moore
		Nash
x		New Hanover
		Northampton
		Onslow
		Orange
		Pamlico
		Pasquotank

A	R	
x		Pender
		Perquimans
		Person
		Pitt
		Polk
		Randolph
		Richmond
		Robeson
		Rockingham
		Rowan
		Rutherford
		Sampson
		Scotland
		Stanly
		Stokes
		Surry
		Swain
		Transylvania
		Tyrrell
		Union
		Vance
		Wake
		Warren
		Washington
		Watauga
		Wayne
		Wilkes
		Wilson
		Yadkin
		Yancey

**DEBNAM SERVICES  
PROPOSAL**



PO Box 1316  
Burgaw, NC 28425

December 8, 2011

Office of the County Manager  
Rick Benton  
805 South Walker Street  
Burgaw, NC 28425

Office of the County Manager

Enclosed with this letter is Quinn McGowen Funeral home's bid for the transportation for Medical Examiners cases to New Hanover Regional Medical Center. Our facilities are based out of Pender but have locations in Duplin and New Hanover Counties. We currently do about 180 removals a year and have adequate staff to add additional 50 or more removals that would result from the Pender County medical examiners cases. We also have enlisted an additional firm to be backup transporter in the event multiple removals would be necessary at the same time. Both our firm, as well as, our backup transporter, Hardee Mortuary Service, have valid Medical Examiners transporter licenses and have the necessary insurance to carry out the responsibilities of transporter.

I have also talked to a Doctor that would be willing to step up and apply to be the Medical Examiner in Pender County. Dr. Crain has indicated that he will still be a Medical Examiner in a supporting role. In conclusion our funeral home is the best answer for doing removals for Pender County. We are large enough to provide the dedicated service to Pender County that it deserves as well as keeping a local company serving in this capacity.

Sincerely

A handwritten signature in black ink, appearing to read 'Chris Debnam', with a long horizontal line extending to the right.

Chris Debnam President

\_\_\_\_\_ will provide proof of insurance coverage as part of this contract pursuant to the "Standard Written Agreement" "Transportation of Deceased Persons in Pender County." \_\_\_\_\_ will provide a Certificate of Insurance naming Pender County as an additional insured. Insurance coverage shall remain in effect for duration of the agreement.

The County shall operate a communication system sufficient to alert \_\_\_\_\_ and other agencies of the need to transport deceased persons in Pender County for medical examination prior to transporting any deceased person in Pender County. \_\_\_\_\_ shall communicate and coordinate with the Pender County Sheriff's Office and/or Pender Volunteer EMS and Rescue Inc. and/or Pender Memorial Hospital *and/or any other agency or person involved in the handling of deceased persons in Pender County.*

A. Description of \_\_\_\_\_ Service Area – \_\_\_\_\_ service area is defined as all of Pender County.

**II. Term of Agreement**

The term of this agreement shall be from \_\_\_\_\_ through \_\_\_\_\_, provided, however, that in the event no replacement contract is executed on or before \_\_\_\_\_, this contract shall be extended for a period of one year on each anniversary date of the contract under the same terms and conditions unless it is canceled by written notice mailed to the other party ninety (90) days prior to termination.

**III. Fee Schedule**

County will pay for services according to the following items and rates:

Item	Rate	Paid To
ME + Non ME cases Per C. Debnor 12-9-11 Transport	\$90 plus \$1 permile after 40 Miles	Quinn MCGowen Funeral Home
Medical Examiner	\$100	Pender County ME
Autopsy	\$1000	ME performing Autopsy
Body Bag	\$45 for lightweight \$95 for heavy duty	Quinn MCGowen Funeral Home

**IV. Termination of Agreement; Breach of Agreement**

Each party shall have the right to terminate this Agreement without cause by giving the other party ninety (90) days written notice of termination. In the event of termination, \_\_\_\_\_ shall only be entitled to work performed up to the time that the contract was in effect.

If \_\_\_\_\_ fails to conform to any of the terms and conditions of this agreement, the County shall notify \_\_\_\_\_ in writing of the breach. Upon receipt of such notification of breach, \_\_\_\_\_ shall have thirty (30) days within which to correct such breach, during which period the County shall take no further action. If such breach is not corrected within that time period, the County may, at its option, withhold funds not yet paid to \_\_\_\_\_ or terminate the agreement immediately. County also may suspend this agreement immediately and arrange for temporary services to the citizens if the County Manager determines, after consultation with the Office of the Chief Medical Examiner if

Exhibit D  
Proposal Form

1) COMPANY INFORMATION

Company Name: Debnam Services Inc.  
Mailing Address: PO Box 1316 Burgaw, NC 28425  
Physical Address: 308 West Fremont Street, Burgaw, NC 28425  
Primary Contact Name: Christopher W Debnam  
Primary Contact Phone/email: 910 259 2364/ cdebnam@quinnmcgowen.com  
910 540 2364 (cell)

2) INSURANCE

Insurance Company: Owens Insurance Agency  
Agent: Peggy Overton  
Address: 5704 Oleander Drive Wilmington, 28403  
Telephone/e-mail Contact: 910 392 1985/ overtom2@nationwide.com

3) PROPOSED SERVICE RATES

<u>Item</u>	<u>Proposed Rate</u>	<u>Proposed Service Provider</u>
1) Transport	<del>\$220.00</del> <i>State Rate all cases</i>	Debnam Services/Hardee Mortuary Services
2) Medical Examiner	\$100.00 <i>ea case</i>	Pender County ME
3) Autopsy	\$1000.00 <i>ea autopsy</i>	State? <i>William Kelly, MD</i>
4) Body Bag (Lightweight)	\$45.00	Debnam Services/Hardee Mortuary Services
5) Body Bag (Heavy Duty)	\$95.00	Debnam Services/ Hardee Mortuary Services

*Amended to State Rate for ME Exam ME cases per Chris Debnam 12-9-11.*

4) AUTHORIZATION OF OFFICE OF CHIEF MEDICAL EXAMINER

(Firm shall attach copy of active authorization to provide all services set forth in proposed agreement)

5) DESCRIPTION OF FIRM'S EXPERIENCE IN MORTUARY SERVICES AND TRANSPORTATION

(Firm shall submit a written description of the firm's experience and capabilities to provide the medical examiner and transportation services required)

Exhibit D  
Proposal Form

1) COMPANY INFORMATION

Company Name: Hardee Mortuary Service, Inc  
Mailing Address: P. O. Box 2066 Wilmington, NC 28402  
Physical Address: 5 North 12th Wilmington, NC 28401  
Primary Contact Name: William R. Hardee  
Primary Contact Phone/email: 910- 762-7934 William @hardeemortuary.com

2) INSURANCE

Insurance Company: Berkshire Hathaway Insurance Company  
Agent: Wayne Brock  
Address: 212 East Main Street Wallace, NC  
Telephone/e-mail Contact: 877-285-4546

3) PROPOSED SERVICE RATES

<u>Item</u>	<u>Proposed Rate</u>	<u>Proposed Service Provider</u>
1) Transport	<del>\$220.00</del> <i>State Rate all cases</i>	Debnam Services/Hardee Mortuary Services
2) Medical Examiner	\$100.00 each case	Pender County ME
3) Autopsy	Charged by State	State?
4) Body Bag (Lightweight)	\$1000.00 each autopsy	Debanam Service/Hardee Mortuary Service
5) Body Bag (Heavy Duty)	\$45.00	Debnam Services/Hardee Mortuary Services
	\$95.00	

*Amended to State Rate for ME + Non-ME cases per Chris Debnam 12-9-11.*

4) AUTHORIZATION OF OFFICE OF CHIEF MEDICAL EXAMINER

(Firm shall attach copy of active authorization to provide all services set forth in proposed agreement)

5) DESCRIPTION OF FIRM'S EXPERIENCE IN MORTUARY SERVICES AND TRANSPORTATION

(Firm shall submit a written description of the firm's experience and capabilities to provide the medical examiner and transportation services required)



## **Hardee Mortuary Service**

209 Marsh Oaks Drive  
Wilmington NC 28411

**910.763.7934**

**Fax 910.763-7935**

www.hardeemortuary.com  
william@hardeemortuary.com

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November 28, 2011

### Pender County of North Carolina

Hardee Mortuary Service is located in Wilmington, North Carolina and has been in operation since 2002. It is owned by William and Barbara Hardee. I am a licensed funeral director and embalmer with over 21 years of experience. I received my Associates Degree in Funeral Services from Fayetteville Technical Community College in 1990. My wife is an elementary school teacher currently teaching at Cape Fear Elementary School in Rocky Point. She has been employed as a teacher in Pender County for over 23 years.

Hardee Mortuary Service currently serves and works with the following funeral homes: Adkins Drain Funeral Service, Brunswick Funeral Service, Dunn Funeral Home, Padgett Funeral Home, Peoples Funeral Home, and Quinn McGowan Funeral Home. We are equipped with four vans and the necessary equipment for removals and transporting human remains 24 hours a day 7 days a week. We have GPS Systems on all our vans to help increase the time we arrive at the scene. We keep all information concerning the cause of death and families confidential. We respect and treat all families and loved ones, as if they were our own.

Our employees are fully trained on how to handle removals, tagging for identification purposes, and placing in body bags from the place of death and then transporting the deceased to the hospital or Medical Examiner's Offices. Our business is also equipped with a large size cooler that can store up to 12 bodies. There would be no extra charge to the county for this storage.

We are currently transporting for Brunswick County and Carteret Counties from the place of death to the hospital under the direction of the coroner, Medical

Examiner, and law enforcement. We will also transport to the Medical Examiner's Offices in Jacksonville, Greenville, and Chapel Hill.

We also work closely with Carolina Donor Services in Durham transporting donor cases from the hospitals to Durham and back to the hospitals or the receiving funeral homes.

References are available upon request.

# Office of the Chief Medical Examiner JUN 11 2010

## Attachment A-1

### Agreement Period: July 1, 2010 – June 30, 2013

### TRANSPORTATION OF DEAD BODIES

We/I, the undersigned propose and agree, upon acceptance by the Office of the Chief Medical Examiner, to furnish transportation services for dead human bodies as required and described in the Standard Transportation Agreement for the county or counties indicated on the reverse side of this form.

Name of Firm, Corporation or Sole Proprietorship HARDEE Mortuary Service, Inc  
(Name Associated With Tax ID Number Below)

Federal Tax Identification Number 20-5724756  
(Tax ID Number That We Should Use To Report Your Earnings To The IRS)

Is This Business Incorporated?  Yes  No      Is this a DBA?  Yes  No

Contact Person & Title William R. Hardee Owner

Mailing Address 209 Marsh Oaks Drive

City, State & Zip Code + 4 Wilmington, NC 28411

Physical Address (if different from above) 5 North 12th Street Wilmington, NC 28401

City, State & Zip Code + 4 \_\_\_\_\_

Telephone Number 910-763-7934      Pager Number 910-409-4450

Fax Number 910-764-7935      Cell Phone Number 910-409-4450

Check all that apply and retain document of proof:

<input type="checkbox"/> Disabled Business Enterprise	<input type="checkbox"/> Female Owned Business	<input checked="" type="checkbox"/> Private for Profit Business	<b>Nonprofit Work Center for Blind or the Severely Disabled</b>
<input type="checkbox"/> Disabled Owned Business	<input type="checkbox"/> Minority Owned Business	<input type="checkbox"/> Private for Non-Profit Business	

**My signature below hereby certifies:**

- that I have read and understand the attached Agreement;
- that neither I nor any employees of this firm have been convicted of a felony or a crime involving fraud or morale turpitude;
- that I have adequate insurance per paragraph 4.13 in the attached Agreement (a copy of my insurance coverage is attached);
- that my firm has a current, valid permit issued by the North Carolina Board of Funeral Service or Ambulance Provider License per paragraph 4.14 in the attached Agreement (a copy of my permit is attached).

IN WITNESS THEREOF, the parties have executed this agreement in duplicate originals, one of which is retained by each of the parties, effective the day and year first above written.

TRANSPORTING FIRM  BY: <u>William R Hardee</u> <u>6-10-10</u> <small>Proprietor/Corporate President or VP      Date</small>	OFFICE OF THE CHIEF MEDICAL EXAMINER  BY: <u>[Signature]</u> <u>6/25/10</u> <small>Administrator      Date</small>
WITNESS: <u>[Signature]</u>	WITNESS: <u>[Signature]</u>

Check here  if your firm does **NOT** want the name of its business published or listed in the **List of Authorized Body Transporters** on our website. This **includes** firms which wish to transport family designated cases **ONLY**.

PLEASE INDICATE WHICH COUNTIES YOUR FIRM IS WILLING TO PROVIDE TRANSPORTATION SERVICES FOR (check all boxes that apply):

A = ALWAYS AVAILABLE  
R = Reserve Transporter Only

A	R	
		Alamance
		Alexander
		Alleghany
		Anson
		Ashe
		Avery
		Beaufort
		Bertie
X		Bladen
X		Brunswick
		Buncombe
		Burke
		Cabarrus
		Caldwell
		Camden
X		Carteret
		Caswell
		Catawba
		Chatham
		Cherokee
		Chowan
		Clay
		Cleveland
X		Columbus
X		Craven
		Cumberland
		Currituck
		Dare
		Davidson
		Davie
X		Duplin
		Durham
		Edgecombe
		Forsyth
		Franklin

A	R	
		Gaston
		Gates
		Graham
		Granville
		Greene
		Guilford
		Halifax
		Harnett
		Haywood
		Henderson
		Hertford
		Hoke
		Hyde
		Iredell
		Jackson
		Johnston
		Jones
		Lee
		Lenoir
		Lincoln
		Macon
		Madison
		Martin
		McDowell
		Mecklenburg
		Mitchell
		Montgomery
		Moore
		Nash
X		New Hanover
		Northampton
X		Onslow
		Orange
		Pamlico
		Pasquotank

A	R	
X		Pender
		Perquimans
		Person
		Pitt
		Polk
		Randolph
		Richmond
		Robeson
		Rockingham
		Rowan
		Rutherford
		Sampson
		Scotland
		Stanly
		Stokes
		Surry
		Swain
		Transylvania
		Tyrrell
		Union
		Vance
		Wake
		Warren
		Washington
		Watauga
		Wayne
		Wilkes
		Wilson
		Yadkin
		Yancey



# Office of the Chief Medical Examiner

JUN 11 2010

## Attachment A-1

### Agreement Period: July 1, 2010 – June 30, 2013

### TRANSPORTATION OF DEAD BODIES

We/I, the undersigned propose and agree, upon acceptance by the Office of the Chief Medical Examiner, to furnish transportation services for dead human bodies as required and described in the Standard Transportation Agreement for the county or counties indicated on the reverse side of this form.

Name of Firm, Corporation or Sole Proprietorship Debnam Services, Inc.  
d/b/a Quinn-McGowan Funeral Home  
(Name Associated With Tax ID Number Below)

Federal Tax Identification Number 56-1544522  
(Tax ID Number That We Should Use To Report Your Earnings To The IRS)

Is This Business Incorporated?  Yes  No      Is this a DBA?  Yes  No

Contact Person & Title Christopher W. Debnam

Mailing Address PO Box 1316

City, State & Zip Code + 4 Burgaw, NC 28425-1316

Physical Address (if different from above) 308 W Fremont St

City, State & Zip Code + 4 Burgaw NC 28425

Telephone Number 910-259-2364      Pager Number 910-815-1475

Fax Number 910-259-6818      Cell Phone Number 910-540-2364

Check all that apply and retain document of proof:

<input type="checkbox"/>	Disabled Business Enterprise	<input type="checkbox"/>	Female Owned Business	<input type="checkbox"/>	Private for Profit Business	<input type="checkbox"/>	Nonprofit Work Center for Blind or the Severely Disabled
<input type="checkbox"/>	Disabled Owned Business	<input type="checkbox"/>	Minority Owned Business	<input type="checkbox"/>	Private for Non-Profit Business		

My signature below hereby certifies:

- that I have read and understand the attached Agreement;
- that neither I nor any employees of this firm have been convicted of a felony or a crime involving fraud or morale turpitude;
- that I have adequate insurance per paragraph 4.13 in the attached Agreement (a copy of my insurance coverage is attached);
- that my firm has a current, valid permit issued by the North Carolina Board of Funeral Service or Ambulance Provider License per paragraph 4.14 in the attached Agreement (a copy of my permit is attached).

IN WITNESS THEREOF, the parties have executed this agreement in duplicate originals, one of which is retained by each of the parties, effective the day and year first above written.

TRANSPORTING FIRM	OFFICE OF THE CHIEF MEDICAL EXAMINER
BY: <u>Chris Debnam</u> 06/04/2010 <small>Proprietor/Corporate President or VP      Date</small>	BY: <u>[Signature]</u> 06/04/2010 <small>Administrator      Date</small>
WITNESS: <u>[Signature]</u>	WITNESS: <u>[Signature]</u>



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MO

DATE (MM/DD/YYYY)

11/22/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER Owens Insurance Agency & Financial Services, Inc. 04 Oleander Dr, Suite 101 Wilmington, NC 28403 Stephen Owens, III	910-392-1985	CONTACT NAME: <b>Peggy Overton</b>	
	910-392-9102	PHONE (A/C, No., Ext): <b>910-392-1985</b> FAX (A/C, No.): <b>910-392-9102</b>	
E-MAIL ADDRESS: <b>overtom2@nationwide.com</b>			
PRODUCER CUSTOMER ID #: <b>DEBNA-1</b>			
INSURED Debnam Services Inc dba Quinn-McGowen Funeral Home P. O. Box 1316 Burgaw, NC 28425	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>NW Mutual (Auto) Insurance Co</b>		<b>23787</b>
	INSURER B: <b>NW Property &amp; Casualty Ins Co.</b>		<b>37877</b>
	INSURER C: <b>NW Mutual Fire Insurance Co</b>		<b>23779</b>
	INSURER D:		
	INSURER E:		
INSURER F:			

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

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

TYPE OF INSURANCE	ADSL SUBR INBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>GENERAL LIABILITY</b>					
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Businessowners</b> <input checked="" type="checkbox"/> <b>Businessowners</b>		<b>ACPBPSM2232964772</b> <b>ACPBPSK2242965765</b>	<b>01/07/11</b> <b>01/07/11</b>	<b>01/07/12</b> <b>01/07/12</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPOP AGG \$ <b>2,000,000</b>
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
<b>AUTOMOBILE LIABILITY</b>					
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		<b>ACPBAK2232964772</b>	<b>01/07/11</b>	<b>01/07/12</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		<b>ACPCAF2232964772</b>	<b>01/07/11</b>	<b>01/07/12</b>	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$ \$
<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	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<b>ACPWC2232964772</b>	<b>01/07/11</b>	<b>01/07/12</b>	WC STATUTORY LIMITS    OTHER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
<b>Businessowners</b> <b>Businessowners</b>		<b>ACPBPSM2232964772</b> <b>ACPBPSK2242965765</b>	<b>01/07/11</b> <b>01/01/11</b>	<b>01/07/12</b> <b>01/07/12</b>	<b>Prof Liab</b> <b>1,000,000</b> <b>Aggregate</b> <b>3,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Under County Medical Examiners Transportation.**  
**Burgaw, Atkinson, Wallace and Wilmington Locations**

<b>CERTIFICATE HOLDER</b>  Pender County Pender County Manager PO Box 5 Burgaw, NC 28425	<b>CANCELLATION</b>  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 <b>E. Stephen Owens, III</b>

Submitted by:

William Roy Hender  
Owner's Representative Signature

November 28, 2011  
Date

ATTEST:

Ann K. Lehman

Submitted by:

Christopher W. D.  
Owner's Representative Signature

11-28-2011  
Date

ATTEST: Ann T. Adams

**HARRELL'S FUNERAL HOME  
PROPOSAL**

**Exhibit D**  
**Proposal Form**

**1) COMPANY INFORMATION**

Company Name: HARRELL'S FUNERAL HOME  
Mailing Address: P.O. Box 235 BURGAW, NC 28425  
Physical Address: 212 S. DICKERSON ST. BURGAW, NC 28425  
Primary Contact Name: HERB HARRELL  
Primary Contact Phone/email: 910-259-2136/ HARRELLSINC@BELLSOUTH.NET

**2) INSURANCE**

Insurance Company: FARM BUREAU  
Agent: WILLIAM BEVERAGE  
Address: BURGAW, NC 28425  
Telephone/e-mail Contact: 901-259-5725

**3) PROPOSED SERVICE RATES**

<u>Item</u>	<u>Proposed Rate</u>	<u>Proposed Service Provider</u>
1) Transport	\$220.00	<i>-ME + driver, ME (12-11 per Herb)</i> HARRELL'S FUNERAL HOME
2) Medical Examiner	STATE RATE	
3) Autopsy	STATE RATE	
4) Body Bag (Lightweight)	\$45.00	
5) Body Bag (Heavy Duty)	\$92.00	

**4) AUTHORIZATION OF OFFICE OF CHIEF MEDICAL EXAMINER**

(Firm shall attach copy of active authorization to provide all services set forth in proposed agreement)

**5) DESCRIPTION OF FIRM'S EXPERIENCE IN MORTUARY SERVICES AND TRANSPORTATION**

(Firm shall submit a written description of the firm's experience and capabilities to provide the medical examiner and transportation services required)

Page 2 Exhibit D

Submitted by:

\_\_\_\_\_  
Owner's Representative Signature

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_

# HARRELL'S FUNERAL HOME

212 S. DICKERSON STREET  
PO BOX 235  
BURGAW, N.C. 28425  
PHONE 910-259-2136 FAX 910-259-9667

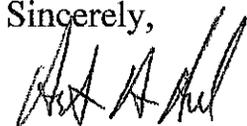
November 29, 2011

Harrell's Funeral Home has been in business since 1913 in Pender County. We provide all aspects of funeral care to the citizens of southeastern North Carolina. Harrell's Funeral Home was Pender County's first ambulance service which eventually evolved into Pender EMS.

Harrell's Funeral Home is currently on call 24 hours a day seven days a week for the funeral needs of Pender and surrounding counties. We provide constant, professional removal and transport service. We have facilities for care and holding of the deceased which were recently inspected by the NC Board of Funeral Service. We maintain all licenses and permits to provide necessary services for the deceased.

Our fully trained and caring staff with over 150 years of combined experience is prepared to provide any level of service required by Pender County. Our services can be tailored to any situation that may arise.

Sincerely,



Herbert A. Harrell

**THOMAS TRANSPORT  
PROPOSAL**

Exhibit D  
Proposal Form

1) COMPANY INFORMATION

Company Name: THOMAS TRANSPORT  
Mailing Address: PO BOX 2254 Surf City NC 28445  
Physical Address: 774 Driftwood Dr Hampstead NC 28443  
Primary Contact Name: Tim Thomas  
Primary Contact Phone/email: 910-540-5330 thomasdemolition@yahoo.com

2) INSURANCE

(will be provided if awarded contract)

Insurance Company: \_\_\_\_\_  
Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone/e-mail Contact: \_\_\_\_\_

3) PROPOSED SERVICE RATES

<u>Item</u>	<u>Proposed Rate</u>	<u>Proposed Service Provider</u>	
1) Transport	260.00	THOMAS TRANSPORT	Amended 12-9-11: * ME cases = State Rate * Non ME case = \$150 Per Telephone 12-9-11.
2) Medical Examiner	<del>100.00</del> TMT	?	
3) Autopsy	<del>400.00</del> TMT	?	
4) Body Bag (Lightweight)	55.00	THOMAS TRANSPORT	
5) Body Bag (Heavy Duty)	100.00	THOMAS TRANSPORT	

4) AUTHORIZATION OF OFFICE OF CHIEF MEDICAL EXAMINER

(Firm shall attach copy of active authorization to provide all services set forth in proposed agreement)

Application has been sent and waiting for approval

5) DESCRIPTION OF FIRM'S EXPERIENCE IN MORTUARY SERVICES AND TRANSPORTATION

(Firm shall submit a written description of the firm's experience and capabilities to provide the medical examiner and transportation services required)

11/29/11

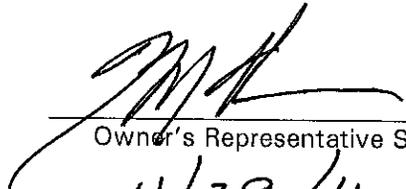
To Whom it May Concern:

(#5) - Firms Experience in Mortuary Services & Transportation

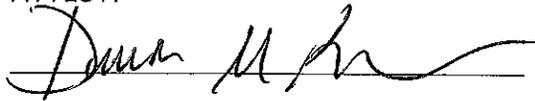
- (1) I have no experience in Mortuary Services
- (2) I was an EMT for 8 years where we encountered deceased bodies
- (3) I was a Hospital Corpsman for 4 years in the U.S. Navy - I dealt with deceased bodies quite often & witnessed Autopsies on bodies.

(#2) - I am in the process of starting this business, so I will not have insurance until I am in the process of obtaining a contract.

Submitted by:

  
\_\_\_\_\_  
Owner's Representative Signature  
11/29/11  
\_\_\_\_\_  
Date

ATTEST:

  
\_\_\_\_\_