

COMMONWEALTH OF VIRGINIA
DIVISION OF PURCHASES AND SUPPLY
1111 E. BROAD STREET, 6th Floor
P. O. BOX 1199
RICHMOND, VIRGINIA 23218-1199

CONTRACT RENEWAL

1. DATEOctober 5, 2007
2. COMMODITY NAME.....Bandages, Catheters, Etc.
3. CONTRACT NUMBER.....MMCAP M-487(5) (Optional Use)
4. CONTRACT PERIOD..... April 1, 2004 through March 31, 2008
5. SUPERSEDES.....**Contract 4750901-60**
6. AUTHORIZED USERS..... State Agencies
7. CONTRACTOR(S) FEIN NUMBER 41-1261653
8. CONTRACTORS McKesson Medical - Surgical
8121 10th Avenue North
Golden Valley, MN 55427
9. CONTRACTOR(S) PHONE NUMBER (800) 328-8111 x6927 (Phone)
(866) 310-9325 (FAX)
Contact: Marsha Chevalier E-Mail: GovernmentSales@McKesson.com
10. TERMS..... See attached
11. DELIVERY..... See attached
12. F.O.B.....Agency
13. MINIMUM ORDER None
14. FOR FURTHER CONTRACT INFORMATION CONTACT: Tina M. Mizelle, VCO
Phone (804) 786-1603 /FAX (804) 786-5413
15. ADDITIONAL COPIES OF CONTRACTS AND ANY ASSOCIATED CONTRACT CHANGES MAY BE VIEWED AND PRINTED AT THE DPS WEBSITE: www.eva.state.va.us/dps.
16. Optional-use contract.
17. **Note:** This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, § 2.2-4343.1 or against a bidder or offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.



By: _____
Statewide Commodity Contract Officer

INSTRUCTIONS

1. **ORDERS:**
 - A. Unless otherwise instructed by the Division of Purchases and Supply, all departments, institutions and agencies of the Commonwealth of Virginia will order items/services through eVA.
 - B. If this contract is authorized for use by localities, Virginia cities, counties, towns and political subdivisions, orders will be placed through eVA to the maximum extent possible.
2. The applicable contract number, federal employer identification number (FEI), and item number (for itemized contracts) must be shown on each purchase order and copy, each facsimile transmission or given verbally when telephonic orders are placed.
3. Inspection on delivery and approval of vendor's invoice is the responsibility of receiving state agency, Virginia city, county, town or political subdivision.
4. Any complaint as to quality, faulty or delinquent delivery, or violation of contract provisions by contractor shall be reported to the Division of Purchases and Supply for handling with the contractor. Preprinted forms (DGS-41-024), by which to facilitate the notification of the contractor and this office of complaints, are available from the Division of Purchases and Supply (786-8873).
5. **Renewals.** One (1), one year renewal remains. The decision as to whether to exercise the next renewal option will be made by the contract officer approximately four to six months in advance of the expiration date of the current term.
6. **Excluded Products:**
 1. All Gloves – Latex/Vinyl
 2. Briefs (Incontinent Care)
 3. Syringes/Needles
 4. Wheelchairs
7. **State Agency Contract Use.** This Contract must be used by State agencies unless a specific exception is granted by the Acquisition Management Specialist listed above.
8. **Ordering Instructions:** Orders are to be placed directly with the Contract Vendor. Minnesota State agencies should use a contract release order (CRO) or a blanket purchase order (BPC). The person ordering should include his or her name and phone number. CPV and MMCAP members should use their own ordering procedures. MMCAP members are to contact the local customer service number in their area.

SPECIAL TERMS AND CONDITIONS

1. **PRICES:** Prices are firm through the first year. After that period, prices may increase once a year. Price increases are not effective until they are approved by the AMS. **NOTE:** At no time should the ordering entity pay more than the Contract price. Agencies must contact the AMS Immediately and fill out a Vendor Performance Report if there is a discrepancy between the price on the invoice and the Contract price.

2. DELIVERY: Same day if ordered by 10:30 a.m. within 100 miles of a distribution facility, otherwise next day.
3. PRODUCT SUBSTITUTION: Distributor will not in any way cause, condone or encourage the purchase substitution of an MMCAP facility-ordered product without the approval of the ordering MMCAP facility.
4. CUSTOMER SERVICE: Distributor has a customer service department at a toll-free number available to all MMCAP facilities for stock checks, product, or general information requests.
5. DEFAULT OF VENDOR: If an MMCAP facility has an immediate need for a product that distributor is unable to supply, the facility may buy an identical product on the open market. If the inability to supply exceeds 10 working days and is the fault of distributor, the MMCAP facility will deduct any excess cost resulting from an open market purchase as a credit from distributor's invoice. Note: It is distributor's responsibility to demonstrate that a backorder is the fault of the manufacturer and not distributor. Distributor may substitute with the MMCAP facility's permission.
6. UNIFORMITY OF OFFER: The Contract is not a limitation of distributor's ability to offer special discounts for periodic high-volume and equipment purchases.
7. PURCHASE ORDER NUMBER ASSIGNMENT: Ordering systems will allow for the input of an individual purchase order number, assigned by the MMCAP facility, for each order submitted.
8. TOLL-FREE ORDER TRANSMISSION: Distributor will provide toll-free order transmission service to all MMCAP facilities.
9. ADDITIONAL SERVICES: Distributor will make all services and products not mentioned in the RFP that are available to general customers, available to all MMCAP facilities.
10. DELIVERY REFUSALS: Distributor will at no time refuse to deliver to any MMCAP facility without notification to the MMCAP Office.
11. SPECIAL HANDLING: Distributor will provide all legally required documentation and special handling/packaging for transport of hazardous materials from Distributor to the using MMCAP facility.
12. DELIVERY SITES: Distributor will deliver to a single mutually agreeable site at each MMCAP facility. Upon the majority agreement of the MMCAP facility, MMCAP Office, and Distributor additional delivery sites may be added at an MMCAP facility.
13. CONTRACT CHANGES: Distributor can not make changes to the Contract with regard to price, manufacturer, or product without written approval from the MMCAP Office. Distributor will enter MMCAP Contract changes (additions, deletions, price changes, etc.) into the ordering system software of all distribution centers within 10 business days of the receipt of the MMCAP documents listing the products changes.
14. REMOVAL OF PRODUCTS: Distributor will not remove any MMCAP product from its ordering system without notifying the MMCAP Office in writing and receiving MMCAP approval in writing.
15. MAINTENANCE SERVICE LEVEL: Excluded from the service level calculations are items backordered or otherwise unavailable from the manufacturer, items not normally stocked by the responsible distribution center, partially filled lines (greater than 50 percent of the quantity ordered) which are reordered and completely filled within two days, and documented order-filling errors. Distributor will supply maintenance service level information upon the request of the MMCAP Office or MMCAP facilities.

16. ADMINISTRATIVE FEE CREDIT: Distributor will pay an administrative fee on all purchases (minus any credits) by MMCAP facilities. Distributor will submit a summary of all business transacted quarterly under the Contract, along with a check payable to the State of Minnesota Cooperative Purchasing Venture Revolving Fund for an amount equal to 0.5 percent of MMCAP total invoices sales to the MMCAP office. The administrative fee will be paid within 45 days after the end of each quarter.
17. MANUFACTURER CONTRACTS: MMCAP reserved the right to negotiate or contract with manufacturers to established pricing for products. In the event this occurs, Distributor will supply the products to MMCAP facilities and the final acquisition cost will be no greater than the established MMCAP manufacturer negotiated or contracted price, plus the Distributor contracted service fee.

FEES/PRICING

1. SERVICE FEE: A single service fee will be added to all items delivered by Distributors.

The service fee for PSS is 8.9 percent.

The service fee for McKesson is 5 percent.
2. PRODUCTS: Distributors will provide products at the prices established, plus Distributor's service fee. Price changes will be sent to State Contacts and posted on the MMCAP as they occur. These prices will fluctuate with MMCAP updates as defined. The list of products may change to accommodate the needs of MMCAP facilities. (Product/Price lists include all service fees).
3. GENERAL DISCOUNT: Distributors have provided a discount for all manufacturers. For all manufacturers not listed in the contract file the general discount is 5% for PSS and 10% for McKesson off MSRP (See manufacturer discount list). The service fee is included in all discounts offered. (Updated annually for catalog year).
4. SERVICE/PARTS: PSS has provided a list of all other available services (e.g., equipment repair and calibration, JACHO, continuing education credits, product training, etc.) The hourly rate for labor is \$95.00; the discount for parts is 10%.
5. BARCODE: SmartScan Bar codes to be used with www.MyPSS.com is available for a one time charge of \$200.00 for SmartScan starter kit (includes one scanner). Additional or replacement scanners if needed are \$150.00.

CUSTOMER SERVICE

A Distributor representative will closely monitor the start-up phase of the Contract and provide visits to each MMCAP facility as required. Training will be provided to MMCAP facility personnel on the use of the Contract, ordering procedures, management report usage, and any other in-service education programs determined necessary by the MMCAP facility.

Distributor will assign a contract person for MMCAP Office staff relating to the Contract.

Distributor will assign a contact person for MMCAP facilities at each distribution center. The contact person will be at a management/administrative level and have the responsibility, experience, knowledge, and authority to respond to questions and solve operational problems presented by the MMCAP facilities. The contact person's office will be in the distribution center and be readily accessible to MMCAP facilities via toll-free phone line, fax, or e-mail during the business day. The contact person will respond to any questions, problem, require, etc., on the same working day it is presented.

Distributor will have knowledgeable customer service representatives who will make on-site visits on a schedule established or requested by the individual MMCAP facilities.

ORDER PLACEMENT

Distributor will provide an ordering system/method to each MMCAP facility that allows the option to quickly and accurately order products within the current and future technological capabilities of that facility. The status of each order will be sent to each MMCAP facility on the day the order is placed. The line sequence of such status will match the line sequence of the MMCAP facility's purchase order.

DELIVERY

Distributor has sufficient distribution centers to assure prompt and effective delivery of standard and emergency product deliveries to all MMCAP facilities regardless of location and volume.

Distributor will provide a daily order and delivery schedule (Monday through Friday). At a minimum, Distributor will deliver complete orders the next business day. The ordering and delivery schedules will provide late in the day order submission and next day delivery. A same day delivery option may be available.

Distributor will establish an emergency ordering procedure that the MMCAP facility can utilize to secure hospital and medical supplies by the most expeditious means available. Distributor provides a 24-hour a day, seven day a week, toll-free telephone number to be used to initiate an emergency order. Customer will be responsible for any special shipping charges when requested by the end user, for example Overnight or 2nd Day UPS. Distributor will notify the customer before these charges are incurred. Emergency delivery requiring same day delivery requested by the customer will be charged actual freight incurred by the carrier. WE DO NOT PAY FOR Distributor FAILURE TO STOCK NORMALLY ORDERED ITEMS.

MMCAP REPORTS

Usage Reports are available at the contract distributor local branch for the end user upon request. Quarterly reports are sent to MMCAP office.

INVENTORY MANAGEMENT

Distributor will provide an inventory of contracted products sufficient to meet the needs of the MMCAP facilities from the beginning of the contracting period.

In the event a distribution center is out of stock of an MMCAP-contracted product. Distributor will supply the requested product by the most expeditious means possible.

Distributor will supply only products having a shelf life of greater than six months unless the unique properties of a particular product require shorter dating or upon the approval of the MMCAP facility.

PSS's return goods policy will encompass the following:

1. All returns must be picked up within five working days of notification by the MMCAP facility or at the next delivery, whichever is sooner. Notification is defined as verbal notification, written notification or by electronic means.
2. No restocking charges will be imposed on the return of wrong product, ordered in error and short dating orders.
3. Recalled products; pickup will be within five working days from the date of notification or at the next delivery, whichever is sooner, or as specified in the recall notice.

Defective products; pickup will be within five working days from notification of the defect or at the next delivery, which is sooner.

4. Damaged products refused on receipt of delivery; the MMCAP facility will notify Distributor of the damaged product. Distributor will replace the damaged product within 24 hours, upon reorder by the MMCAP facility.
5. All credits will be issued within 10 working days of the return of the goods. MMCAP reserves the right to deduct from the invoice all credits that were not issued 10 working days after the return of the goods.
6. Distributor offers instant credits. When a product is returned to the Distributor drier, he or she issues a credit voucher immediately to the purchaser. The information, as well as the product, is processed the same day to credit the account.
7. Return Policy on special order items includes a fee equal to the manufacturer's restocking charge.

McKesson Return Policy will encompass the following:

1. Returned products must be saleable condition, be in original package, in full sale unit of measure and product must not be defaced, i.e., handwriting. Products returned after 60 days and up to one year after sale will be assessed a 20% restocking fee. Return freight charges will be deducted from the credit amount, except in cases of McKesson's error. Special orders may not be returned for credit.
2. There are no restocking fees imposed for Vendor errors, but McKesson reserves the right to charge shipping fee for those products refused by customers returned due to customer order error.
3. McKesson will make every effort to contact customers that have ordered an item that is recalled by the manufacturer. A return will be issued and the item will be picked up as quickly as possible or at the next scheduled delivery day.
4. Product found to be defective the tem will be picked up as quickly as possible or at the next delivery day.
5. Products damaged in transit and/or refused by MMCAP facility, McKesson will replace the item as quickly as possible and deliver with the next schedule standard delivery. Emergency replacements can be requested and will be determined by McKesson and MMCAP facility.
6. Credits for returned products will be reflected on the next business cycle from the date the product is received back by McKesson. MMCAP facilities may determine on which charges to apply the credits.
7. Whenever possible a McKesson fleet truck will pick up returns. Some pick ups are scheduled by common carrier, such as UPS, and are subject to their procedures and policies.

HOSPITAL AND MEDICAL SUPPLIES AND SERVICES CONTRACT PARTICIPATION

Distributor understands that the major factor I contract participation and increased sales volume is the quality of the product and pricing provided to MMCAP facilities. Distributor will continuously negotiate with manufacturers to obtain improved MSRP discounts and must extend the improved pricing to MMCAP Facilities. Distributor will work to establish product standardization wherever practical.

PLEASE REFER TO THE MMCAP WEBSITE FOR THE MOST CURRENT PRICING STRUCTURE.

AMENDMENT NO. 2006-02-02 TO CONTRACT NO. 432345, RELEASE NO. M-487(5)

THIS AMENDMENT is by and between the State of Minnesota, acting through its commissioner of Administration ("State"), and Physicians Sales and Service, 4345 Southpoint Blvd, Jacksonville, Florida 32216 ("Contract Vendor").

WHEREAS, the State has a Contract with the Contract Vendor identified as No. 432345, April 1, 2004, to March 31, 2007 ("Contract"), to provide MEDICAL SUPPLIES, SERVICE AND EQUIPMENT; and

WHEREAS, Minn. Stat. § 16C.03, subd. 5, affords the commissioner of Administration, or delegate pursuant to Minn. Stat. § 16C.03, subd.16, the authority to amend contracts; and

NOW, THEREFORE, it is agreed by the parties to amend the Contract as follows:

1. That Contract No. 432345 is extended through March 31, 2008. With 12 month extension available.
2. The Contract Vendor shall provide Medical Supplies and Equipment at the prices set forth in the original agreement with increases as allowed with 30 days notice, upon demonstration of industrywide increase and when approved by AMS.

This Amendment is effective beginning April 1, 2007, or upon the date that the final required signatures are obtained, whichever occurs later, and shall remain in effect until March 31, 2008, or until the Contract is canceled, whichever occurs first.

Except as herein amended, the provisions of the original Contract between the parties hereto are expressly reaffirmed and remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused this Amendment to be duly executed intending to be bound thereby.

1. PHYSICIANS SALES and SERVICE

The Contract Vendor certifies that the appropriate person(s) have executed this Amendment on behalf of the Contract Vendor as required by applicable articles, bylaws, resolutions, or ordinances.

By: Robert J. McLarto
Title: VP - Strategic Corp. Partners
Date: 11-21-06

By: _____
Title: _____
Date: _____

2. MATERIALS MANAGEMENT DIVISION

In accordance with Minn. Stat. § 16C.03, Subd. 3.

By: [Signature]
Title: Acquisition Management Specialist
Date: 11/28/2006

3. COMMISSIONER OF ADMINISTRATION

Or delegated representative.

By: Al Bevilacqua
Date: 12-05-06

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID KG
PHYSI-1

DATE (MM/DD/YYYY)
07/17/07

PRODUCER Harden & Associates, Inc. 806 Riverside Ave. Jacksonville FL 32204 Phone: 904-354-3785 Fax: 904-634-1302	THIS 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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Physician Sales & Service, a PSS/World Medical Inc. Company 4345 Southpoint Blvd. Jacksonville FL 32216	INSURER A: Zurich American Insurance Co	16535
	INSURER B: National Union Fire Ins Co	19445
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <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 type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	GLO373056203	06/01/07	06/01/08	EACH OCCURRENCE \$ 2000000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000				
					MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 2000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BAP373056303	06/01/07	06/01/08	COMBINED SINGLE LIMIT (Ea accident) \$ 2000000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	9834920	06/01/07	06/01/08	EACH OCCURRENCE \$ 25000000
					AGGREGATE \$ 25000000
					\$
					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC373056103 (EXCEPT ND, OH, WA, WV, WY)	06/01/07	06/01/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
					E.L. EACH ACCIDENT \$ 1000000
					E.L. DISEASE - EA EMPLOYEE \$ 1000000
					E.L. DISEASE - POLICY LIMIT \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

FORIN-1

For Information Purposes

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Kayla S Grimes

AMENDMENT NO. 2006-02-02 TO CONTRACT NO. 432344, RELEASE NO. M-487(5)

THIS AMENDMENT is by and between the State of Minnesota, acting through its commissioner of Administration ("State"), and MCKESSON MEDICAL, 8121 10TH AVENUE NORTH, GOLDEN VALLEY, MN 55427 ("Contract Vendor").

WHEREAS, the State has a Contract with the Contract Vendor identified as No. 432344, April 1, 2004, to March 31, 2007 ("Contract"), to provide MEDICAL SUPPLIES, SERVICE AND EQUIPMENT; and

WHEREAS, Minn. Stat. § 16C.03, subd. 5, affords the commissioner of Administration, or delegate pursuant to Minn. Stat. § 16C.03, subd. 16, the authority to amend contracts; and

NOW, THEREFORE, it is agreed by the parties to amend the Contract as follows:

1. That Contract No. 432344 is extended through March 31, 2008. With 12 months extension available.
2. The Contract Vendor shall provide Medical Supplies and Equipment at the prices set forth in the original agreement with prices increases as allowed with 30 day notice and only when approved by the AMS upon documentation of industrywide increases.

This Amendment is effective beginning April 1, 2007, or upon the date that the final required signatures are obtained, whichever occurs later, and shall remain in effect until March 31, 2008, or until the Contract is canceled, whichever occurs first.

Except as herein amended, the provisions of the original Contract between the parties hereto are expressly reaffirmed and remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused this Amendment to be duly executed intending to be bound thereby.

1. MCKESSON MEDICAL

The Contract Vendor certifies that the appropriate person(s) have executed this Amendment on behalf of the Contract Vendor as required by applicable articles, bylaws, resolutions, or ordinances.

By: [Signature]
 Title: President, Alternate Site
 Date: 12/14/06

By: _____
 Title: _____
 Date: _____

2. MATERIALS MANAGEMENT DIVISION

In accordance with Minn. Stat. § 16C.03, Subd. 3.

By: [Signature]
 Title: Acquisition Management Specialist
 Date: 12/19/2006

3. COMMISSIONER OF ADMINISTRATION

Or delegated representative.

By: [Signature]
 Date: 12-22-06

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
SEA-000982611-02

PRODUCER
MARSH RISK & INSURANCE SERVICES
THREE EMBARCADERO CENTER
P. O. BOX 193880
SAN FRANCISCO, CA 94119-3880
CALIFORNIA LICENSE NO. 0437153

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

00053 -GL-ALL-07/08 GLAL XSWC MSUR

COMPANY
A GOLDEN STATE INSURANCE COMPANY, LIMITED

INSURED
MCKESSON CORPORATION INCLUDING
MCKESSON MEDICAL-SURGICAL, INC.
ONE POST STREET
SAN FRANCISCO, CA 94104

COMPANY
B OLD REPUBLIC INSURANCE COMPANY

COMPANY
C

COMPANY
D

COVERAGES This certificate supersedes and replaces any previously issued certificate for the policy period noted below 2

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN 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, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	064-1-80101-2007	07/01/07	07/01/08	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 1,000,000
					MED EXP (Any one person) \$
B	AUTOMOBILE LIABILITY	MWTB19809	07/01/07	07/01/08	COMBINED SINGLE LIMIT \$ 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 \$
	<input type="checkbox"/> HIRED AUTOS				
<input type="checkbox"/> NON-OWNED AUTOS					
<input checked="" type="checkbox"/> SELF INSURED FOR PHYSICAL DAMAGE					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	064-1-90101-2007	07/01/07	07/01/08	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 4,000,000
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	MWC11511200	07/01/07	07/01/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					EL EACH ACCIDENT \$ 1,000,000
					EL DISEASE-POLICY LIMIT \$ 1,000,000
					EL DISEASE-EACH EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

THE CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED FOR LIABILITY, BUT ONLY AS RESPECTS THEIR SIGNED WRITTEN CONTRACT/AGREEMENT WITH MCKESSON CORPORATION AND/OR ITS SUBSIDIARIES.

CERTIFICATE HOLDER

CANCELLATION

MMCAP
ATTN: LAYNE NELSON
112 ADMINISTRATION BLDG.
50 SHERBURN AVENUE
ST. PAUL, MN 55155

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

By: Chris D Ambra

Chris D Ambra

MM1(3/02)

VALID AS OF: 06/29/07

ADDITIONAL INFORMATION

SEA-000982611-02

DATE (MM/DD/YY)

06/29/07

PRODUCER	COMPANIES AFFORDING COVERAGE
MARSH RISK & INSURANCE SERVICES THREE EMBARCADERO CENTER P. O. BOX 193880 SAN FRANCISCO, CA 94119-3880 CALIFORNIA LICENSE NO. 0437153 00053 -GL-ALL-07/08 GLAL XSWC MSUR	COMPANY E
INSURED MCKESSON CORPORATION INCLUDING MCKESSON MEDICAL-SURGICAL, INC. ONE POST STREET SAN FRANCISCO, CA 94104	COMPANY F COMPANY G COMPANY H

TEXT

GOLDEN STATE INSURANCE POLICIES:

THE GENERAL LIABILITY (POLICY #064-1-80101-2006) AND THE XS GENERAL LIABILITY (POLICY #064-1-90101-2006) PLACEMENTS WERE MADE BY MARSH MANAGEMENT SERVICES (BERMUDA) LTD. MARSH USA INC. HAS ONLY ACTED IN THE ROLE OF A CONSULTANT TO THIS CLIENT WITH RESPECT TO THESE PLACEMENTS, WHICH ARE INDICATED HER FOR YOUR CONVENIENCE.

CERTIFICATE HOLDER

MMCAP
ATTN: LAYNE NELSON
112 ADMINISTRATION BLDG.
50 SHERBURN AVENUE
ST. PAUL, MN 55155

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