

RECEIVED  
JUL - 6 2015  
BY: e 3:22pm

# CITY OF WIMBERLEY EMERGENCY CONTRACTOR CERTIFICATION APPLICATION

## CONTRACTOR CLASSIFICATION: (Mark all applicable)

General     Master Elec.     Journeyman     Apprentice     Plumbing  
 Mechanical     Irrigation     Septic

## Application must be accompanied by the following documents:

- a. A copy of the applicant's valid driver's license
- b. Proof of a General Liability Insurance Policy for an amount not less than \$1,000,000, if the Contractor will be performing a scope of work that exceeds \$2,000
- c. For trade contractors, proof of licensing for their respective trades through the state contractors' licensing agency of the state within which their business is located and proof of any minimum insurance required by the state. *(Not submitted) CM*
- d. Name and address of the contractor's registered agent (if applicable) *(Not submitted) CM*

## APPLICANT INFORMATION

Name: FERNANDO GUEVARA

Address: 18308 MASI LOOP City: PFLUGERVILLE Zip: 78660

Phone: 512-502-8453 Cell: 512-785-8453

E-mail: AUSTINCAPITOLFLOR@AOL.COM Fax: \_\_\_\_\_

State License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

## COMPANY INFORMATION

Name: ACE REMODELING & CONSTRUCTION

Address: 18308 MASI LOOP City: PFLUGERVILLE Zip: 78660

Phone: 512-502-8453 Cell: 512-785-8453

E-mail: AUSTINCAPITOLFLOR@AOL.COM Fax: \_\_\_\_\_

Contractor License Holder: \_\_\_\_\_

**REQUIRED REFERENCES**

Provide three (3) references, as shown below, who are competent to judge your experience in the fitness for the occupation in which you seek this certification. No reference may be related to you by consanguinity or affinity, nor may any reference be affiliated with the applicant as a partner, officer, employee, employer or hold any similar position, compensated or non-compensated.

**Reference No.1**

Name: RICHARD BOYARS Street Address: 260 BLANCO DR. Phone Number: 512-921-7692  
Date Work Performed: \_\_\_\_\_  
Brief Description of Work: KITCHEN REMODEL

**Reference No.2**

Name: DAVID L. JONES Street Address: 8423 ASHMEAD Phone Number: 512-595-3265  
Date Work Performed: 5/1/15  
Brief Description of Work: KITCHEN REMODEL

**Reference No.3**

Name: JENNY NORRILL Street Address: 7106 VALESCITO DR. Phone Number: 512-762-5223  
Date Work Performed: FEB. 3, 2015  
Brief Description of Work: KITCHEN REMODEL

**SITE WORKERS**

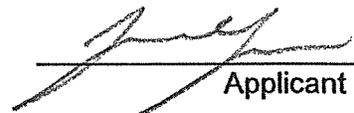
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

1. FERNANDO GUEJARIA
2. CHRISTOPHER WILK
3. BILLY WILKES
4. GERSON ACUNIA
5. YONIS Pineda
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**INFORMATION CERTIFICATION**

I certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Signed this the 3 day of July, 2015.

  
Applicant

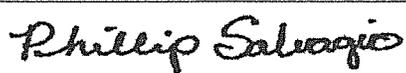


# INSURANCE BINDER

DATE (MM/DD/YYYY)  
6/30/2015**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

<b>AGENCY</b> American Ventures DBA Advanced Insurance Services 12460 Crabapple Road Suite 202-401 Alpharetta GA 30004		<b>COMPANY</b> <b>United Specialty Insurance</b>		<b>BINDER #</b>	
Marty Holmes agent@aisagency.com		<b>DATE EFFECTIVE</b> 6/30/2015		<b>TIME</b> 12:01	
<b>PHONE (A/C, No, Ext):</b> 866-643-1557 x 101		<b>FAX (A/C, No):</b>		<b>EXPIRATION DATE</b> 6/30/2016	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>TIME</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
<b>AGENCY CUSTOMER ID:</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b>		<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
<b>INSURED</b> ACF Remodeling & Construction		<b>X</b>		SII4403B15639	
18308 Masi Loop Pflugerville TX 78660					

COVERAGES		LIMITS			
TYPE OF INSURANCE	CAUSES OF LOSS	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<input type="checkbox"/> PROPERTY <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC					
<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	<b>Subject to Deductible:</b> <b>Property Damage \$ 1,000</b> <b>Bodily Injury \$ 1,000</b> <b>Per Claim</b>	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$ 1,000,000 \$ 50,000 \$ 5,000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000
<input type="checkbox"/> VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		\$ \$ \$ \$ \$ \$
<input type="checkbox"/> VEHICLE PHYSICAL DAMAGE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE STATED AMOUNT		\$ \$
<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$ \$ \$ \$
<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS		\$ \$ \$ \$
<input type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ \$ \$
<input type="checkbox"/> SPECIAL CONDITIONS / OTHER COVERAGES			FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$ \$

<b>NAME &amp; ADDRESS</b>		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> ADDITIONAL INSURED	
		LOAN #			
		AUTHORIZED REPRESENTATIVE			

Fernando Guevara  
ACF Remodeling & Construction  
16311 Weiss Ln.  
Pflugerville, TX. 78660  
512-785-8453

USA  
TX

*Texas* DRIVER LICENSE



4d DL. [REDACTED] 9 Class **C**  
10 Iss **03/25/2013** 4b Exp **02/17/2019**  
3 DOB [REDACTED]  
1 **GUEVARA**  
2 **FERNANDO**  
8 **18308 MASI LOOP**  
**PFLUGERVILLE TX 78660-0000**  
12 Restrictions **NONE** 9a End **NONE**  
16 Hgt **5-02** 15 Sex **M** 18 Eyes **GRN**  
5 DD **04619380131255728790**

*Fernando Guevara*