

RECEIVED
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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.
- d. Name and address of the contractor's registered agent (if applicable) *(Not submitted) CW*

APPLICANT INFORMATION

Name: Jacob Tschoepe

Address: 3286 Eagle Mountain City: New Braunfels Zip: TX 78130

Phone: 830-730-8290 Cell: 830-730-8290

E-mail: jacob@aandjsvcs Fax: _____

State License Number: TECL 29916 Expiration: 11/26/15
TML 257048 02/27/16

COMPANY INFORMATION

Name: A & J Services

Address: 3286 Eagle Mountain City: New Braunfels Zip: 78130
~~South Lake~~

Phone: 830-730-8290 Cell: 830-730-8290

E-mail: jacob@aandjsvcs.com Fax: _____

Contractor License Holder: Jacob Tschoepe

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: Belvedere Spring Branch Library Street Address: 131 Belvedere County Phone Number: _____
Date Work Performed: _____
Brief Description of Work: repair & maintenance

Reference No.2

Name: Tye Preston Memorial Library Street Address: 16550 S Access Rd Phone Number: _____
Date Work Performed: _____
Brief Description of Work: repair & maintenance

Reference No.3

Name: Hope Hospice New Braunfels Street Address: _____ Phone Number: _____
Date Work Performed: _____
Brief Description of Work: repair and maintenance

SITE WORKERS

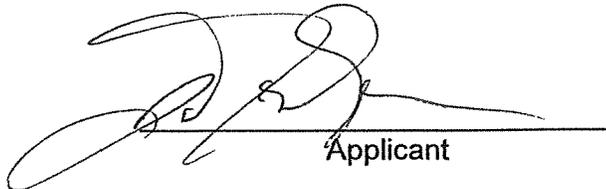
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

- 1. Adriane Tschoppe
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 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 7 day of 7, 2015.


Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2015

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).

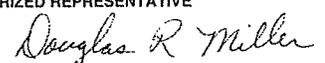
PRODUCER Miller & Miller/New Braunfels 400 W. San Antonio St New Braunfels, TX 78130 Douglas II Miller	CONTACT NAME: Douglas II Miller PHONE (A/C, No, Ext): 830-625-3000 E-MAIL ADDRESS: doug2@miller-miller.com	FAX (A/C, No): 830-625-3299
	INSURER(S) AFFORDING COVERAGE	
INSURED A & J Services Adriane & Jacob Tschoepe P O Box 1577 Canyon Lake, TX 78133	INSURER A: The Hartford	
	INSURER B:	
	INSURER C:	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY			65SBMTH9673	11/08/2014	11/08/2015	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input checked="" type="checkbox"/> Business Owners						MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:							\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$				
					\$				
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$	
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$	
	DED		RETENTION \$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION 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 



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	INSURER(S) AFFORDING COVERAGE INSURER A : The Hartford	
INSURED A & J Services Adriane & Jacob Tschoepe P O Box 1577 Canyon Lake, TX 78133	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

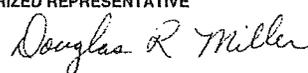
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	AUTOMOBILE LIABILITY					PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
						PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

CITYW-2 City of Wimberley 221 Stillwater, PO Box 2027 Wimberley, TX 78676	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 
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ADRIANE TSCHOEPE

PRENTICE ELECTRICIAN



LICENSE NUMBER 262275
EXPIRES 05/24/2016

JACOB R TSCHOEPE

MASTER ELECTRICIAN



LICENSE NUMBER 257048
EXPIRES 02/27/2016

Texas

USA
TX



4a DL [REDACTED] 9 Class C
4b Iss 07/10/2013 4b Exp [REDACTED]
3 DOB [REDACTED]
1 TSCHOEPE
2 ADRIANE OFFERMAN
3 146 KINGS CROWN
CANYON LAKE TX 78133
12 Restrictions A 13 End NONE
16 Hgt 5-01 15 Sex F 18 Eyes GRN
5 DD 06619380077450918349

www.tdlr.com

Texas

USA
TX



4a DL [REDACTED] 9 Class C
4b Iss 11/25/2013 4b Exp [REDACTED]
3 DOB [REDACTED]
1 TSCHOEPE
2 JACOB RYAN
3 145 KINGS CROWN
CANYON LAKE TX 78133
12 Restrictions NONE 13 End NONE
16 Hgt 6-03 15 Sex M 18 Eyes BRO
5 DD 09314311114245938619

STATE OF TEXAS

A&J SERVICES

ELECTRICAL CONTRACTOR



LICENSE NUMBER 29916
EXPIRES 11/26/2015

TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157
Austin, Texas 78711-2157
1-800-803-9202 (512) 463-6599
<http://www.license.state.tx.us>



If you cut around the border of the registration certificate
it will fit in a standard 5" x 7" frame.

The certificate at the bottom of this
page should be prominently
displayed at your primary business
location.

Master: JACOB R TSCHOEPE, License# 257048

A&J SERVICES
PO BOX 1577
CANYON LAKE TX 78133-0020

Frank Denton
Chair

Mike Arismendez
Vice Chair



LuAnn Morgan
Fred N. Moses
Lilian Norman-Keeney
Ravi Shah
Deborah Yurco

Electrical Contractor

A&J SERVICES

License Number: 29916

The business named above is licensed by the Texas Department of Licensing and Regulation

License Expires: NOVEMBER 26 2015

Handwritten signature of William H. Kuntz in black ink.

William H. Kuntz
Executive Director