

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
emailed
- 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: Aaron Chisenhall
 Address: 1012 Canyon Trace City: Canyon Lake Zip: 78133
 Phone: (512) 557-8999 Cell: (same)
 E-mail: Arctex@gmail.com Fax: _____
 State License Number: _____ Expiration: _____

COMPANY INFORMATION

Name: ARTEC Services Group LLC
 Address: 1012 Canyon Lake City: Canyon Lake Zip: 78133
 Phone: (512) 557-8999 (210) 557-0542 Cell: same
 E-mail: Arctex@gmail.com Fax: N/A
 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: Ryan Lambert Street Address: 2131 Fm 484 Phone Number: (214) 870-8096
Date Work Performed: Apr 2015
Brief Description of Work: Full Flood Restoration, Four Ft Flood cut entire home. Flooring cabinets, drywall, finish carpentry, insulation.

Reference No.2

Name: Mike Bailey Street Address: 1551 Lake Bluff Phone Number: (214) 685-0782
Date Work Performed: June 2015
Brief Description of Work: Construct decking at rear of dwelling, including full patio cover over new decking metal roof over all. Total Area 2700 sq

Reference No.3

Name: Karen Carpenter Street Address: 2461 Anguila Dr Phone Number: (817) 481-7611
Date Work Performed: MARCH 2015
Brief Description of Work: Remove + Replace carpeted Area with tile, All new window casing, sills, Appear in entire home. Paint All

Also BBB A+ Rated member and several more reviews can be found @ Home Advisor
SITE WORKERS

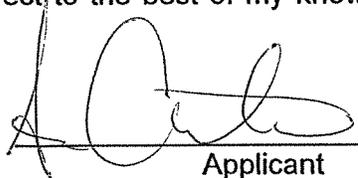
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

- 1. Mark Kennedy
- 2. Darin Kumpf
- 3. Frank Moreno
- 4. Ramon Salazar
- 5. Neil Cooper
- 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 1st day of July, 2015.


Applicant

Texas

USA
TX

DRIVER LICENSE



DL [REDACTED] 9 Class C
4a-152 03/01/2010 4b Exp 11/16/2015
DOB [REDACTED]
1 CHISENHALL
2 VINCENT AARON
3 1650 LAKE BLUFF
CANYON LAKE TX 78133
12 Restrictions A 9a End NONE
16 Hgt 5-10 16 Sex M 18 Eyes BLU
5 DD 04619080136001108069

Aaron Vincent



INSURANCE BINDER

DATE (MM/DD/YYYY)
8/6/2014**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY Superior Access Insurance Services, Inc. 6500 River Place Blvd., Bldg. V Suite 100 Austin TX 78730 PHONE (A/C, No, Ext): 800-272-7550 FAX (A/C, No):		COMPANY Preferred Contractors Insurance Company, RRG		BINDER #	
Namalie Desilva NDesilva@sais.com		DATE	EFFECTIVE	TIME	EXPIRATION
		8/6/2014	12:01	X AM	8/6/2015
CODE:		SUB CODE:		X	12:01 AM
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)			
INSURED ARTEC Services Group LLC 1012 Canyon Trace Canyon Lake, TX 78133		PCIC5025-PCA527372			

COVERAGES	LIMITS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC CAUSES OF LOSS				
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	Subject to Deductible: Property Damage \$ 1,000 Bodily Injury \$ 1,000 Per Claim 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 \$ 2,000,000 \$ 2,000,000
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		\$ \$ \$ \$ \$ \$
VEHICLE PHYSICAL DAMAGE DED <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		\$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$ \$ \$
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		\$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ \$ \$
SPECIAL CONDITIONS / OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$ \$

NAME & ADDRESS		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
		<input type="checkbox"/> LOSS PAYEE	
		LOAN #	
		AUTHORIZED REPRESENTATIVE	
		<i>Phillip Salvaggio</i>	

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.