

CITY OF WIMBERLEY EMERGENCY CONTRACTOR CERTIFICATION APPLICATION

CONTRACTOR CLASSIFICATION: (Mark all applicable)

General Master Elec. Journeyman Apprentice Plumbing

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

APPLICANT INFORMATION

Name: Tim Bowen

Address: 1301 W. Ben White Blvd #200A City: Austin Zip: 78704

Phone: 512-629-4949 Cell: 512-534-0579

E-mail: Tim@austinroofingandconstruction.com Fax: 512-582-8631

State License Number: _____ Expiration: _____

COMPANY INFORMATION

Name: Austin Roofing and Construction

Address: 1301 W. Ben White Blvd #200A City: Austin Zip: 78704

Phone: 512-629-4949 Cell: 512-534-0579

E-mail: Tim@austinroofingandconstruction.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: Charlotte Medley Street Address: 510 River Rapids Rd. 78676 Phone Number: 512-216-3233
Date Work Performed: 9-2015
Brief Description of Work: Flat roof replaced, Flashing replaced

Reference No.2

Name: Athena LaRoux Street Address: 2708 E. 13th St. 78702 Phone Number: 512-529-7048
Date Work Performed: 5/2014
Brief Description of Work: Re-roof

Reference No.3

Name: Anastasia Aggelaki Street Address: 5022 Sesbenia Drive 78748 Phone Number: 512-413-1932
Date Work Performed: 11/2015
Brief Description of Work: Roof Repair work

SITE WORKERS

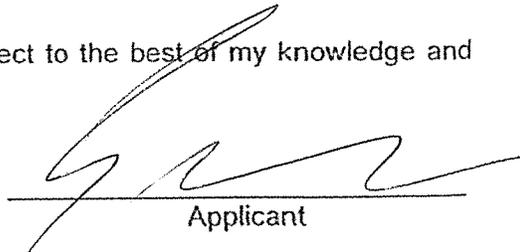
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

1. Laura Bruce - Marketing Director
2. Tim Bowen - Project Manager
3. Jose Rodriguez - Assistant Project Manager
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 27 day of Jan, 2016.



Applicant

USA
TX

Texas

DRIVER LICENSE



4d DL [REDACTED] 9 Class **CM**
 4a Iss **08/07/2012** 4b Exp **02/03/2018**
 3 DOB [REDACTED]
 1 **BOWEN**
 2 **TIMOTHY DON**
 6 **1329 MERCHANTS TALE LN.**
AUSTIN TX 78748
 12 Restrictions **NONE** 8a End **NONE**
 16 Hgt **6-02** 15 Sex **M** 18 Eyes **BLU**
 5 DD **02619280085057728236**

S.E.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/7/2015

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 Gaslamp Insurance Services, Inc. 3234 Grey Hawk Ct. Carlsbad CA 92010	CONTACT NAME: Customer Service Department
	PHONE (A/C, No. Ext): (619) 229-3854 FAX (A/C, No): E-MAIL ADDRESS: Certificates@premieragencyservices.com
INSURED Austin Roofing and Construction 1329 Merchants Tale Lane Austin TX 78748	INSURER(S) AFFORDING COVERAGE
	INSURER A: Preferred Contractors Insurance NAIC # 12497
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: GL Master 15-16 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	GENERAL LIABILITY			PC100212	4/14/2015	4/14/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	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						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
		<input type="checkbox"/> CLAIMS-MADE					\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N		N/A			E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is Named as Additional Insured; Waiver of Subrogation applies, per the Attached Endorsement.

Project: Various Locations

Additional Insured status is subject to all policy terms, exclusions and conditions

CERTIFICATE HOLDER

(512) 314-7514 JohnStrawn@lakeway-tx.gov

Lakeway Texas
Building & Development Services
1102 Lohmans Crossing
Lakeway, TX 78734

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

P Salvagio/KATIE