



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

APPLICANT INFORMATION

Name: B. Wade Haynes
 Address: 867 Avery Pkwy City: New Braunfels TX Zip: 78130
 Phone: 512-738-2746 Cell: _____
 E-mail: bwhhomes@yahoo.com Fax: _____
 State License Number: _____ Expiration: _____

COMPANY INFORMATION

Name: BWH Homes
 Address: 867 Avery Pkwy City: New Braunfels TX Zip: 78130
 Phone: 512-738-2746 Cell: _____
 E-mail: bwhhomes@yahoo.com Fax: _____
 Contractor License Holder: B-BL-1171 B. Wade Haynes

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: Lee Porterfield Street Address: 2406 Hunter Rd Phone Number: 512 396-1121
Date Work Performed: 12-2014 - July 2015
Brief Description of Work: (3) 1600 sq ft Homes

Reference No.2

Name: Craig Phillips Street Address: 8684 FM 1979 Martindale, TX Phone Number: (512) 738-0858
Date Work Performed: 10-1-2014 - 3-30-2015
Brief Description of Work: Custom Home

Reference No.3

Name: John Pelech Street Address: 568 Clearwater Phone Number: 830-832-7581
Date Work Performed: 6-2014 - 8-2014
Brief Description of Work: House Remodel

SITE WORKERS

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

- 1. Rick Cerda
- 2. Paul Linicki
- 3. Jeff Michalewicz
- 4. Abel Cerda
- 5. Elime Hytech
- 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 10 day of July, 2015.

D. Wade Hugner
Applicant

Texas

USA
TX

DRIVER LICENSE



1a Iss [REDACTED] 9 Class **C**
 2a Exp **09/17/2012** 4b Exp **11/01/2016**
 3 DOB [REDACTED]
 4 **HAYNES**
 5 **BRADFORD WADE**
 6 **318 STARLING CREEK**
NEW BRAUNFELS TX 78130-0000
 7a Restrictions **NONE** 7b End **NONE**
 8 Hgt **5-10** 15 Sex **M** 16 Eyes **BRO**
 17 DD **02311210192147808140**

Bradford Wade

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

Jul 2, 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 DELTA GENERAL AGENCY CORPORATION PO Box 2045 Houston TX 77252 Retail Agent: PRECISE ADVANTAGE INS AGENCY	CONTACT NAME: Retail Agent: PRECISE ADVANTAGE INS AGENCY
	PHONE (A/C, No, Ext): 210-656-3404 FAX (A/C, No):
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A : ESSEX INSURANCE COMPANY NAIC # 39020
INSURED BWH HOMES WADE HAYNES DBA 318 STARLING CREEK NEW BRAUNFELS, TX 78130	INSURER B : NOT APPLICABLE
	INSURER C : NOT APPLICABLE
	INSURER D : NOT APPLICABLE
	INSURER E : NOT APPLICABLE
	INSURER F : NOT APPLICABLE

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			3DV9614	09/23/14	09/23/15	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 1,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	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"/> DED	<input type="checkbox"/> CLAIMS-MADE						\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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**CANCELLATION**

CITY OF WIMBERLY 221-STILLWATER PO BOX 2027 WIMBERLY 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 DELTA GENERAL AGENCY CORPORATION