



e #11:28 am

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: Michael Marton (owner)

Address: 200 Deer Crossing Ln. City: Wimberley, Tx. Zip: 78676

Phone: cell 512 689-2800 Home 512 722-3476 Cell: 512-689-2800

E-mail: michael-marton@hotmail.com Fax: _____

State License Number: # 11008166 Expiration: None
Business License DBA Baptized Tools Hays County

COMPANY INFORMATION

Name: Baptized Tools

Address: 200 Deer Crossing Ln. City: Wimberley, Tx. Zip: 78676

Phone: 512-722-3476 Cell: 512 689-2800

E-mail: michael-marton@hotmail.com Fax: _____

Contractor License Holder: _____
Business License DBA # 11008166 Hays County
BAPTIZED TOOLS

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: Bill Graham Street Address: 215 Crestview DR Phone Number: 512-847-6115
Date Work Performed: 9/2014 Wimberley
Brief Description of Work: Kitchen Remodel, New Hardwood Flooring, electrical

Reference No.2

Name: Johanna Wood & Sons Street Address: 2255 FM 376 New Braunfels, TX 78132 Phone Number: 254-541-1122
Date Work Performed: 2014 & 2015
Brief Description of Work: Exterior siding, windows, Doors & trim, interior, finish, tile, concrete, cabinets, interior finish, roof framing, painting, Roofing, electrical, log homes,

Reference No.3

Name: Sherry & Tim McGillicuddy Street Address: 150 A Kingsland Cove Phone Number: 512-633-3737
Date Work Performed: 2012, 2013 Kingsland, TX
Brief Description of Work: Kitchen & Bath Remodel, Enclosure of Back porch, tile, exterior siding, windows, trim, electrical, painting

SITE WORKERS

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

- 1. Self - was General Contractor in Northern CA. In construction
- 2. for 40 yrs Residential Construction and Commercial Construction
- 3. including Hospitals, Schools, Fire stations, Retro-fitting
- 4. military bases, Residential tract & custom homes
- 5. wood & metal stud framing, comp roof, Metal Roof
- 6. HVAC, plumbing, sheetrock, Commercial T&E Ceilings
- 7. Red IRON
- 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 17 day of 17, 2015.

Michael Morter
Applicant

Baptized ools

Home Improvement
and Upgrades

Michael Morton 512-689-2800

Texas DRIVER LICENSE USA TX

4d DL [REDACTED] 9 Class CM
4a Iss 04/16/2014 4b Exp 03/29/2021
3 OOB [REDACTED] VETERAN
1 MORTON
2 WILLIAM MICHAEL
8 200 DEER CROSSING LN
WIMBERLEY TX 78976
12 Restrictions A 9a End NONE
16 Hgt 5-11 16 Sex M 18 Eyes GRN 
5 DD 15611480141106018792

Michael Morton



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/29/2015

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 Beard Insurance,LLC 15577 Ranch Rd 12 Wimberley,Texas 78676 (512)847-9394		CONTACT NAME: Beard Insurance,LLC PHONE (A/C, No, Ext): (512)847-9394 E-MAIL ADDRESS: mbeard@Beard-Insurance.com PRODUCER CUSTOMER ID #: 2585426		FAX (A/C, No): (512)968-8863
INSURED Baptized Tools 200 Deer Crossing Wimberley,Texas 78676 (512)689-2800		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Contractors Bonding and Insurance Company		91340
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 2585426 **REVISION NUMBER:** 1

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	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			2585426	07/29/2015	07/29/2016	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE 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 (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below						WC STATUTORY LIMITS	OTHER
							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 Baptized Tools 200 Deer Crossing Wimberley,Texas 78676 (512)689-2800	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 Beard Insurance,LLC
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