

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) can*

APPLICANT INFORMATION

Name: Mark L. Blackstone

Address: 220 Canyon Gap Rd. City: Wimberley Zip: 78676

Phone: 512-353-2332 Cell: 512-738-0873

E-mail: mark@blackstoneelectricco.com Fax: 512-353-2333

State License Number: Electrical Contractor: 19288 Expiration: Electrical Contractor: 9/29/16
Master Electrician: 2663 Master Electrician: 4/10/16

COMPANY INFORMATION

Name: Blackstone Electric Co.

Address: PO Box 1045 City: San Marcos Zip: 78667

Phone: 512-353-2332 Cell: 512-738-0873

E-mail: mark@blackstoneelectricco.com Fax: 512-353-2333

Contractor License Holder: Mark L. Blackstone

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: Chase Construction, Inc. Street Address: _____ Phone Number: 979-230-2953
Date Work Performed: ongoing
Brief Description of Work: commercial electrical construction

Reference No.2

Name: Suntech Building Systems, Inc. Street Address: _____ Phone Number: 281-897-8188
Date Work Performed: ongoing
Brief Description of Work: commercial electrical construction

Reference No.3

Name: John Westbrook, City of Luling, TX Street Address: _____ Phone Number: 830-875-2481 ext 212
Date Work Performed: ongoing
Brief Description of Work: all types of commercial and residential electrical projects

SITE WORKERS

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

- 1. Paul Schuenemann
- 2. Ruben Trevino III
- 3. Robert Dunn
- 4. Orlando Sanchez
- 5. Manuel Gutierrez
- 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 15 day of DECEMBER, 2015.



Applicant

MARK L BLACKSTONE

MASTER ELECTRICIAN



LICENSE NUMBER 2663
EXPIRES 04/10/2016

The person named on this card may perform the duties within the scope of work authorized by applicable law through the expiration date shown on the face of this card.



William C. Swann, Jr.
Executive Director

1500 North East Street, Austin, Texas 78761

BLACKSTONE ELECTRIC CO

ELECTRICAL CONTRACTOR



LICENSE NUMBER 19288
EXPIRES 09/29/2016

The person named on this card may perform the duties within the scope of work authorized by applicable law through the expiration date shown on the face of this card.



William C. Swann, Jr.
Executive Director

1500 North East Street, Austin, Texas 78761

Texas

DRIVER LICENSE

Class of License



DL [REDACTED] Class C
Iss 04/28/2015 Exp 10/15/2016
DOB [REDACTED]
BLACKSTONE
MARK L
250 CALIFORNIA ROAD
WIMBERLEY TX 78674
Restrictions NONE End NONE
Hgt 5-11 Sex M Eyes BRO
CD 06610580645238018772

Mark L Blackstone

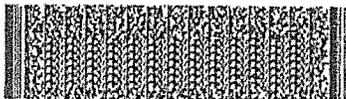


Directive to physician has been filed at tel #
RESTRICTIONS NONE

Emergency contact number

Allergic reaction to drugs
TEXAS BOARD OF
PHYSICIAN

ENDORSEMENTS
NONE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2015

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 FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER
	PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664
	E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM
	INSURER(S) AFFORDING COVERAGE
	INSURER A: FEDERATED MUTUAL INSURANCE COMPANY NAIC # 13935
INSURED BLACKSTONE ELECTRIC COMPANY PO BOX 1045 SAN MARCOS, TX 78667	INSURER B:
234-997-5	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 71 REVISION NUMBER: 0

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	N	N	9317888	09/15/2015	09/15/2016	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) EXCLUDED
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY	N	N	9317888	09/15/2015	09/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB	N	N	9001527	09/15/2015	09/15/2016	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	N	9876222	09/15/2015	09/15/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000

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

CERTIFICATE HOLDER

234-997-5
CITY OF WIMBERLEY
PO BOX 2027
WIMBERLEY, TX 78676-6927

71 0

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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