



# 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: Brian R. Douma

Address: 6107 FM 3237 City: Wimberley Zip: 78676

Phone: \_\_\_\_\_ Cell: 512-667-8983

E-mail: wimberleygate@yahoo Fax: \_\_\_\_\_

State License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

### COMPANY INFORMATION

Name: Wimberley Gate Co.

Address: 801 Garney Ln. Ste. 6A City: Wimberley Zip: 78676

Phone: \_\_\_\_\_ Cell: 512-667-8983

E-mail: wimberleygate@yahoo.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: Brad Kimmel Street Address: 27322-B RR 12 Phone Number: 512-791-7303  
Date Work Performed: 2007-2015  
Brief Description of Work: Custom Fabrication of Railings, gates, and Miscellaneous Iron Work.

**Reference No.2**

Name: Grady Bernette Street Address: 284 Old Kyle Rd. Phone Number: 512-748-3753  
Date Work Performed: 2013-2015  
Brief Description of Work: Custom Fabrication of Railings, gates, Miscellaneous Iron, and Welding.

**Reference No.3**

Name: Whit Hanks Street Address: 1009 W 6th St. Phone Number: 512-627-8556  
Date Work Performed: 2007-2015  
Brief Description of Work: Custom Fabrication of Railings, gates, Chandeliers, Miscellaneous Iron Work, and Welding.

**SITE WORKERS**

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

1. Justin Snyder
2. Paul Hartman
3. Brian Deema
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 16 day of July, 2015.

[Signature]  
Applicant

Texas

USA  
TX

DRIVER LICENSE



4d DL [REDACTED] 9 Class **CM**  
4a Iss **05/26/2013** 4b Exp **06/09/2019**  
3 DOB [REDACTED]  
1 **DQUMA**  
2 **BRIAN ROBERT**  
8 **112 BUCKAROO CIRCLE**  
**WIMBERLEY TX 78676**  
12 Restrictions **NONE** 9a End **NONE**  
16 Hgt **6-01** 15 Sex **M** 18 Eyes **BRO**  
5 DD **12619380055206718482**

*Brian DQUMA*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/30/2015

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 DeMasters-Daniel Ins Agency Inc. PO Box 2249 Wimberley TX 78676	CONTACT NAME: <b>Angie Dahl</b>	FAX (A/C. No.): <b>(512) 847-2107</b>	
	PHONE (A/C. No. Ext.): <b>(512) 847-5549</b>	E-MAIL ADDRESS: <b>info@dd-ins.net</b>	
INSURED Brian Douma Wimberley Gate Co 112 Buckaroo Circle Wimberley TX 78676-	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>Essex Ins Co</b>		<b>39020</b>
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			3EC3858	11/11/2015	11/11/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENRAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> F.I. 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 included as an Additional Insured as indicated above per attached form CG 20 26 04 13.

CERTIFICATE HOLDER	CANCELLATION
City of Wimberley PO Box 2027 Wimberley TX 78676-	AI 001310 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 