

RECEIVED
e 4:35 pm

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: Shane H. Heider

Address: 2210 Hunter Rd City: San Marcos Zip: 78666

Phone: 512 353-1251 Cell: 512 738-0491

E-mail: briggsconstregrande.com.net Fax: 512-353-1653

State License Number: _____ Expiration: _____

COMPANY INFORMATION

Name: Briggs Construction Co. LLC

Address: 2210 Hunter Rd / P.O. Box 2219 City: San Marcos Zip: 78667

Phone: 512 353-1251 Cell: 512 738-0491

E-mail: briggsconstregrande.com.net Fax: 512 353-1653

Contractor License Holder: Shane H Heider B-BL-01250

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: Ted + Oblivia Loya Street Address: 35 Pecan Lane Dr. S.M Phone Number: 512-665-3314
Date Work Performed: Current
Brief Description of Work: New home Construction

Reference No.2

Name: Tim + Lisa Dodson Street Address: 244 Blanco Dr Phone Number: 281-424-7837
Date Work Performed: 11/2014 - 3/2015 winberry
Brief Description of Work: Kitchen / Bath Remodel

Reference No.3

Name: Carl + Susan Masley Street Address: 11 Bridlewood, San Marcos Phone Number: 512-392-1404
Date Work Performed: 1/2012 - 11/2012
Brief Description of Work: New home Construction

SITE WORKERS

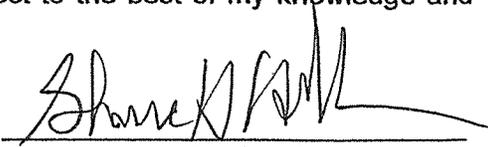
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

1. Automation Design
2. DuPont Refrigeration
3. DuPont Cabinetry
4. G-P Electric
5. Lara's Carpet
6. Remodel Masters
7. Superior Paint + Drywall
8. Rocha Plumbing
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 6 day of July, 2015.


Applicant

Texas

USA
TX

DRIVER LICENSE



4d. DL [REDACTED] 3. Class **C**
4a. Iss. **08/30/2013** 4b. Exp. **09/26/2019**

DOB [REDACTED]
1. **HIBER**
2. **SHANE HUNTER**

8. 109 SENDERO ARBOLADO
WIMBERLEY TX 78676-0000

12. Restrictions **A** 9a. End **NONE**

16. Hgt **5-11** 15. Sex **M** 18. Eyes **BLU**

5. DD: 09619380085310618398

Shane Hunter



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/03/2015

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).

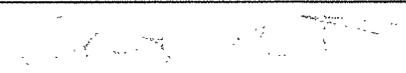
| | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| PRODUCER The Insurance Team 117 White Oak PO Box 1140 Lockhart, TX 78644 | CONTACT NAME: Clint R Roberts |
| | PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ |
| INSURED Briggs Construction Po Box 2219 San Marcos, TX 78667 | INSURER(S) AFFORDING COVERAGE NAIC # |
| | INSURER A. American Safety Indemnity Company |
| | INSURER B. _____ |
| | INSURER C. _____ |
| | INSURER D. _____ |
| | INSURER E. _____ INSURER F. _____ |

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 | ADDITIONAL SUBROGATION RIGHTS | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> BLENDED <input type="checkbox"/> AUTO AGREE/PAID CLAIMS-MADE <input type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOG | X | IG06A007719-00 | 03/04/2015 | 03/04/2016 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO CONTENTS \$ 100,000 MEDICAL EXPENSE \$ 5,000 PERSONAL LIABILITY \$ 1,000,000 UTILITY LIABILITY \$ 2,000,000 PRODUCTS-COMPLETION \$ 2,000,000 |
| | 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 (Per person) \$ _____ 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 DED. <input type="checkbox"/> RETENTION \$ _____ | | | | | EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | | | | WORKERS COMPENSATION - TOTAL POLICY LIMITS \$ _____ DISEASE - POLICY LIMIT \$ _____ |

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

| | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER City of Wimberly Po Box 2027 Wimberly, Tx 78676 | 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  |

© 1988-2010 ACORD CORPORATION. All rights reserved.