



e 12:03 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) can*
- d. Name and address of the contractor's registered agent (if applicable) *(Not submitted) can*

### APPLICANT INFORMATION

Name: John Daniel McCuistion

Address: 706 Turtle Hill City: Driftwood Zip: 78619

Phone: 512 771-6782 Cell: 512-771-6782

E-mail: [REDACTED] Fax: \_\_\_\_\_

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

### COMPANY INFORMATION

Name: Dan McCuistion - Tree Service

Address: 706 Turtle Hill City: Driftwood Zip: 78619

Phone: 512 771-6782 Cell: 512 771-6782

E-mail: \_\_\_\_\_ 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: Gordon Welch Street Address: River Rd @ Rockwood Phone Number: 512-431-3110  
Date Work Performed: May 21-30, 2015  
Brief Description of Work: Removal of damaged trees and flood debris  
Years of Tree Service

**Reference No.2**

Name: Salley Poole Street Address: 1020 River Rd. Phone Number: 512-923-1624  
Date Work Performed: 2006-2014 years  
Brief Description of Work: at tree pruning and tree removal as needed

**Reference No.3**

Name: Bud Gunderlach Street Address: \_\_\_\_\_ Phone Number: 512-847-1507  
Date Work Performed: \_\_\_\_\_  
Brief Description of Work: Tree service

**SITE WORKERS**

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

- 1. Joey Polivka
- 2. Sanni Oxford
- 3. \_\_\_\_\_
- 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant

Texas

USA  
TX

DRIVER LICENSE

*Robert M. Carr* DIRECTOR



4c DL



9 Class C

4a Iss

04/08/2013

4b Exp

10/04/2017

3 DOB



1 MCCUISTON  
2 JOHN DANIEL

8 706 TURTLE HILL  
DRIFTWOOD TX 78619-0000

12 Restrictions A

9a End NONE

16 Hgt 6-02

15 Sex M

18 Eyes BLU

5 DD 07611380140038128117

*Robert M. Carr*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/20/2015

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).

<b>PRODUCER</b> DeMasters-Daniel Ins Agency Inc. PO Box 2249 Wimberley TX 78676	<b>CONTACT NAME:</b> Angle Dahl <b>PHONE (A/C, No, Ext):</b> (512) 847-5549 <b>FAX (A/C, No):</b> (512) 847-2107 <b>E-MAIL ADDRESS:</b> info@dd-ins.net
<b>INSURED</b> John Daniel McCustlon 708 Turtle Hill Driftwood TX 78819-	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Western Heritage Insurance Co NAIC # 37150 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	ADDL. SUBR. INSD. COVN.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER _____		SCP1513331-01	07/17/2015	07/17/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - CUM/OP AGG \$ Included \$ _____
	<b>AUTOMOBILE LIABILITY</b> <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) \$ _____ \$ _____
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTIONS \$ _____					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	Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH. EN E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

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

<b>CERTIFICATE HOLDER</b> City of Wimberley PO Box 2027 Wimberley TX 78676-	<b>CANCELLATION</b> 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 
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