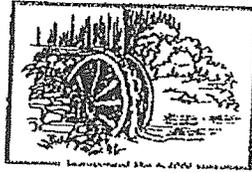


MAR 28 2013



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: David Brown

Address: 502 Dickerson Rd City: Kyle Zip: 78640

Phone: 512-689-3415 Cell: 512-689-5044

E-mail: lfbrow21@outlook.com Fax: NA

State License Number: NA Expiration: NA

COMPANY INFORMATION

Name: David Brown

Address: 502 Dickerson Rd City: Kyle Zip: 78640

Phone: 512-312-1227 Cell: 512-689-3415

E-mail: lfbrow21@outlook.com Fax: NA

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: Buddy King Street Address: 610 Lakeway Dr. Austin, TX 78734 Phone Number: 832-641-5429
Date Work Performed: 15 years
Brief Description of Work: Demolition and disposal.

Reference No.2

Name: David Holmes Street Address: 4801 Lone Man Mt. Rd. Wimberley, TX 78676 Phone Number: 512-921-7042
Date Work Performed: 22 years
Brief Description of Work: Demolition and disposal.

Reference No.3

Name: Fred Hagemer Street Address: 35 Persimmon Dr Wimberley, TX 78676 Phone Number: 512-847-7177 Home 512-501-1178 Cell
Date Work Performed: 17 Years
Brief Description of Work: Demolition and disposal.

SITE WORKERS

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

- 1. N/A
- 2. _____
- 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 28 day of March, 2016.

Russell F. Brown
Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/10/2015

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	GENE HOLT INSURANCE AGENCY 314 E Highland Mall Blvd Ste 101 Austin, TX 78752	CONTACT NAME:	Gene Holt Insurance Agency MGA Agent	
		PHONE (A/C, No, Ext):	512-451-7867	FAX (A/C, No, Ext):
		E-MAIL ADDRESS:	kelly@geneholt.com	
		PRODUCER CUSTOMER ID #:		
INSURED	DAVID BROWN PO BOX 1301 Buda, TX 78610	INSURERS AFFORDING COVERAGE		NAIC #
		INSURER A:	LIBERTY INSURANCE UNDERWRITERS, INC	
		INSURER B:		
		INSURER C:		
		INSURER D:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

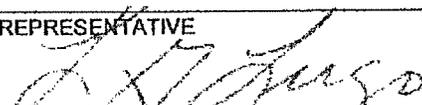
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>	SFG003050-0115	04/07/2015	04/07/2016	EACH OCCURANCE	300000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	100000
							MED EXP (Any one person)	5000
							PERSONAL & AND INJURY	300000
							GENERAL AGGREGATE	300000
							PRODUCTS - COMP/OP AGG	300000
	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 <input type="checkbox"/> _____						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"/> CLAIMS-MADE <input type="checkbox"/> Excess Liab <input type="checkbox"/> OCCUR <input type="checkbox"/> DEDUCTIBLE RETENTION \$						EACH OCCURANCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS 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 ACCORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

DAVID BROWN PO BOX 1301 BudaTX78610	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/29/2016

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	PHONE (A/C. No. Ext): 512-451-7867	FAX (A/C. No. Ext):	
	E-MAIL ADDRESS: kelly@geneholt.com		
	PRODUCER CUSTOMER ID #:		
INSURED DAVID BROWN PO BOX 1301 Buda, TX 78610	INSURERS AFFORDING COVERAGE		NAIC #
	INSURER A: LIBERTY INSURANCE UNDERWRITERS, INC		
	INSURER B:		
	INSURER C:		
	INSURER D:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	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 <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident)	
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							AGGREGATE	
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	AUTHORIZED REPRESENTATIVE 

EYE SORES
TREE AND HAULING SERVICE

Tree Trimming & Removal • Brush Hauling
Lot Cleaning • Cars • Trash Hauling • Clean Ups
Bobcat and Dirt Work Available
Drive Ways • Demolition • Land Clearing

7 Days A Week
512.312.1227
Cell 689.3415

DAVID BROWN
P.O. BOX 1301
Buda TX 78610

Texas **COMMERCIAL DRIVER LICENSE**

1. Class **A** 2. Sex **M** 3. DOB **03/14/2013** 4. Exp **03/14/2018** 5. End **NT**

6. Eyes **GRN** 7. Height **5-07** 8. Restrictions **A** 9. Sex **M** 10. Eyes **GRN**

11. DOB **03/14/2013** 12. Name **DAVID LLOYD** 13. Address **P.O. BOX 1301 BUDA TX 78610-0000** 14. ID Number **12811380039144778580**

David M. Brown