

RECEIVED  
SEP 1 2015  
BY c/10.12am

# 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) *scu*
- d. Name and address of the contractor's registered agent (if applicable) (Not submitted) *scu*

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### COMPANY INFORMATION

Name: Double Barrel Construction

Address: 441 Thomas Dr. City: Martindale Zip: 78655

Phone: (512) 771-9845 Cell: (512) 771-9845

E-mail: Bh. d BARREL@gmail.com Fax: (512) 357-0150

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: Scott Stoker Street Address: 1220 Conway Phone Number: (512) 618-0618  
Date Work Performed: June 2015  
Brief Description of Work: full demo of Residence after flood in San Marcos + Full install of Drywall, Kitchen, bathroom, + flooring. Install of all doors, casings, moldings.

**Reference No.2**

Name: Arnold Salinas Street Address: 1229 Conway Phone Number: (512) 423-3773  
Date Work Performed: June 2015  
Brief Description of Work: full demolition of interior of Residence. Complete install of Drywall, Kitchen, Bathrooms, Flooring, Doors, casings, and base moldings.

**Reference No.3**

Name: Lauren Mohr Street Address: 401 Oakwood Phone Number: (979) 450-4200  
Date Work Performed: June 2015 + July 2015  
Brief Description of Work: Full Bath Remodel, delete + move walls, full shower enclosure custom cabinets, Exterior Rock Kitchen Backsplash, Flooring, Base + Casings, Interior lighting, + new plumbing fixtures.

**SITE WORKERS**

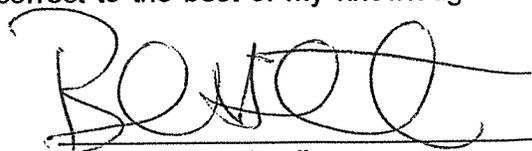
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

1. Boggs Plumbing
2. McCoy Electrical
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 1<sup>st</sup> day of September, 2015.

  
Applicant

Texas

USA  
TX

DRIVER LICENSE



4d DL [REDACTED] 9 Class **C**  
 4a Iss **01/04/2012** 4b Exp **09/26/2017**  
 3 DOB [REDACTED]  
 1 **HUTCHINS**  
 2 **BRANDON RYAN**  
 6 **441 THOMAS DR**  
**MARTINDALE TX 78655-1976**  
 12 Restrictions **NONE** 9a End **NONE**  
 16 Hgt **5-11** 15 Sex **M** 18 Eyes **BLU**  
 5 DD **00611280110024118525**

BOA



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/31/2015

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> Matthew Patterson 1936G06) 222 E Hutchison ST San Marcos, TX 78666	<b>CONTACT NAME:</b> Greg Harper <b>PHONE (A/C, No, Ext):</b> 512-268-1234 <b>E-MAIL ADDRESS:</b> greg@mattpattersoninsurance.com	<b>FAX (A/C, No):</b> 512-268-3333
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Brandon Hutchins DBA: Double Barrell Construction 441 Thomas DR Martindale, TX 78655	<b>INSURER A:</b> Truck Insurance Exchange <b>NAIC #</b> 21709	
	<b>INSURER B:</b> Farmers Insurance Exchange <b>21652</b>	
	<b>INSURER C:</b> Mid Century Insurance Company <b>21687</b>	
	<b>INSURER D:</b> Texas County Mutual <b>24392</b>	
	<b>INSURER E:</b> Builders & Tradesman's Ins Svc	
	<b>INSURER F:</b>	

**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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
E	<b>GENERAL LIABILITY</b> <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"/> PRO-JECT <input type="checkbox"/> LOC		NA112656200	06/12/2015	06/12/2016	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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ Limit \$
	<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				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES</b> (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					
	Brandon Hutchins DBA: Double Barrell Construction 441 Thomas DR Martindale, TX 78655					
	CERTIFICATE HOLDER					

**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