

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 A. WILSON
Address: PO Box 2656 City: WIMBERLEY Zip: 78676
Phone: N/A Cell: 512-557-3092
E-mail: davidw.dhd@gmail.com Fax: N/A
State License Number: N/A Expiration: _____

COMPANY INFORMATION

Name: DREAM HOME DESIGNS
Address: PO Box 2656 City: WIMBERLEY Zip: 78676
Phone: N/A Cell: 512-557-3092
E-mail: davidw.dhd@gmail.com Fax: N/A
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: ERIK WOLLAM Street Address: 268 BLANCO DR. Phone Number: 512-722-3370
Date Work Performed: SPRING OF 2012
Brief Description of Work: FULL HOME RENOVATION

Reference No.2

Name: MARTA SCHREITER Street Address: 1991 HILLTOP DR Phone Number: 713-443-7140
Date Work Performed: SPRING OF 2013
Brief Description of Work: FULL HOME RENOVATION

Reference No.3

Name: STEVE KLUG Street Address: 6596 MUSTANG VALLEY TRAIL Phone Number: 817-801-7011
Date Work Performed: SPRING OF 2011
Brief Description of Work: NEW CONSTRUCTION - GUEST HOME & SHOP

SITE WORKERS

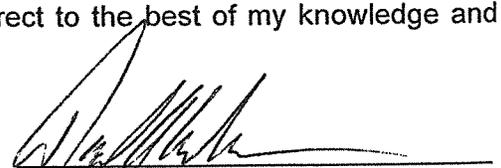
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

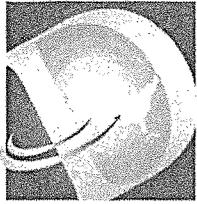
1. OLSON ELECTRIC
2. HILL COUNTRY PLUMBING
3. RELIABLE AIR
4. DK CONSTRUCTION
5. CARPETS DESIGN
6. MD'S PAINTING
7. INSTALLED BUILDING PRODUCTS - HINKLE INSULATION
8. GUS CARDENAS - FRAMING CONTRACTOR
9. AARON DYGERT - DREAM HOME DESIGN'S - PROJECT MANAGER
10. _____

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 29 day of JUNE, 2015.


Applicant



**DALLAS
NATIONAL
INSURANCE
COMPANY**

5501 LBJ SUITE 1200
DALLAS, TEXAS 75240

TELEPHONE: (800) 533-0457
FACSIMILE: (800) 650 -9055

DG5087585
Policy Number

**COMMERCIAL GENERAL LIABILITY POLICY
DECLARATIONS**

NAMED INSURED AND MAILING ADD

8325

RENEWAL OF: DG4087585

DREAM HOME DESIGNS

P O BOX 2656

WIMBERLY, TX 78676

HERITAGE SPECIALTY INSURANCE AGENCY LP
HERITAGE SP
609 Check Sparger Rd. #110

Colleyville, TX 76034
(866)544-1900

POLICY PERIOD:

From: 07/09/2013 TO: 07/09/2014 at 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE	
2,000,000.00	General Aggregate Limit (Other than Products - Completed Operations)
2,000,000.00	Products - Completed Operations Aggregate Limit
1,000,000.00	Personal and Advertising Injury Limit
1,000,000.00	Each Occurrence Limit
100,000.00	Damage to Premises Rented To You Limit (Any One Premises)
5,000.00	Medical Expense Limit (Any One Person)
DESCRIPTION OF BUSINESS AND LOCATION OF PREMISES	
Business Description:	RESIDENTIAL GENERAL CONTRACTOR
Location of All Premises	511 WIMBERLEY OAKS DR.
You Own, Rent, or	
Occupy:	WIMBERLEY, TX 78676 (Hays)
FORMS AND ENDORSEMENTS	
Forms and Endorsements applying to this policy and made a part of this policy at the time of issue: IL0017 (11/85) CG2639 (01/95) CG2233 (03/97) IL0168 (09/92) CG0103 (10/93) IL0021 (11/85) IL0275 (06/95) CG0001(10/01) CG0300 (01/96) CG2167 (04/02) DFIC-2, DFIC-300 CG2134(01/87) CG2153(01/96) CG0067 (03/05) CG2426 (07/04)	
CG2279 (01/96)	
DEDUCTIBLE: \$ 500.00 per claim	
See Classification and Premium Schedule on Page 2 Total Advance Premium, Payable at Inception: \$ 2,282.00	

COUNTERSIGNED 07/09/2013 BY [Signature]
(Date) (Authorized Representative)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY DG5087585.

Original Issue Date: 7/9/2013 12:40:00PM

CLASSIFICATION AND PREMIUM SCHEDULE

CLASSIFICATION DESCRIPTION	Class Code	--- Premium Basis ---		----- Rate -----		--- Pro Rata Premium ---	
		Exposure Referenc	Exposure Amount	Products/ Completed Operations	Premises / Operations	Products / Completed Operations	Premises / Operations
<p>Premiums calculated on a PRO RATA basis from the effective date of this endorsement to the expiration date of the policy</p>							
Contractors - Executive Supervisors or Executive Superintendents Including Products and/or Completed Operations L1.00	91,580	* p)	31,900	INCL	37.738	INCL	1,204
Contractors - subcontracted work - in connection with building construction, reconstruction, repair or erection - one L1.00	91,583	* c)	150,000	3.924	2.862	589.00	429
EXCLUSION - CONTRACTORS - PROFESSIONAL LIABILITY L1.00			0		FLAT		0
ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR L1.00			0		FLAT		60
Premium Subtotal by Subline						589.00	1,693.00

AUDITABLE

Total Endorsement Premium:

2,282.00

-----* PREMIUM BASIS SCHEDULE OF CODES *

p) Payroll per \$1,000

a) Area per 1,000 Sq. Ft.

u) Units

m) Admissions

s) Sales per \$1,000

o) Total Operating Expenses

c) Total Cost

t) See Classifications Notes

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE LIABILITY INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Coverage

	Amount and Basis Deductible	
	PER CLAIM	or PER OCCURRENCE
Bodily Injury Liability	\$	\$
OR		
Property Damage Liability	\$	\$
OR		
Bodily Injury Liability and/or Property Damage Liability Combined	\$ 500	\$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

APPLICATION OF ENDORSEMENT (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for all "bodily injury" and "property damage," however caused): --

- 1. Our obligation under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages.
- 2. You may select a deductible amount on either a per claim or a per "occurrence" basis. Your selected deductible applies to the coverage option and to the basis of the deductible indicated by the placement of the deductible amount in the Schedule above. The deductible amount stated in the Schedule above applies as follows:
 - a. **PER CLAIM BASIS.** If the deductible amount indicated in the Schedule above is on a per claim basis, that deductible applies as follows:
 - (1) Under Bodily Injury Liability Coverage, to all damages sustained by any one person because of "bodily injury";

- (2) Under Property Damage Liability Coverage, to all damages sustained by any one person because of "property damage"; or
- (3) Under Bodily Injury Liability and/or Property Damage Liability Coverage Combined, to all damages sustained by any one person because of:
 - (a) "Bodily injury";
 - (b) "Property damage"; or
 - (c) "Bodily injury" and "property damage" combined

as the result of any one "occurrence."

If damages are claimed for care, loss of services or death resulting at any time from "bodily injury," a separate deductible amount will be applied to each person making a claim for such damages.

With respect to "property damage," person includes an organization.

b. **PER OCCURRENCE BASIS.** If the deductible amount indicated in the Schedule above is on a "per occurrence" basis, that deductible applies as follows:

- (1) Under Bodily Injury Liability Coverage, to all damages because of "bodily injury";
- (2) Under Property Damage Liability Coverage, to all damages because of "property damage"; or
- (3) Under Bodily Injury Liability and/or Property Damage Liability Coverage Combined, to all damages because of:
 - (a) "Bodily injury";
 - (b) "Property damage"; or
 - (c) "Bodily injury" and "property damage" combined

as the result of any one "occurrence," regardless of the number of persons or organizations who sustain damages because of that "occurrence."

- C. The terms of this insurance, including those with respect to:
- a. Our right and duty to defend any "suits" seeking those damages; and
 - b. Your duties in the event of an "occurrence," claim, or "suit"

Apply irrespective of the application of the deductible amount.

- D. We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

Texas USA TX

DRIVER LICENSE



091962

David Alan Wilson

4a DL [REDACTED] 9 Class **C**

4a Exp **08/25/2011** 4b Exp **09/19/2017**

5 DOB [REDACTED]

1 NAME
**WILSON
 DAVID ALAN**

8 611 WIMBERLEY OAKS DR.
 WIMBERLEY TX 78676

12 Restrictions **NONE** 9a End: **NONE**

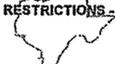
16 Hgt **5-11** 15 Sex **M** 18 Eyes **BLU**

5 DD **45619180085225218818**



Directive to physician has been filed at tel #

RESTRICTIONS - NONE



**ENDORSEMENTS:
NONE**

REV. 6/01/2007

Emergency contact number

Allergic reaction to drugs

**TEXAS ROADSIDE ASSISTANCE
1-800-525-5555**

