

Texas

USA
TX

IDENTIFICATION CARD



4a ID [REDACTED]
4a Iss: 05/08/2013 4b Exp: 06/30/2019

DOB [REDACTED]
CURRY
JOHN RICHARD

31 THOMAS OAKS DRIVE
WIMBERLEY TX 78676-0000

John Richard Curry

16 Hgt 5-07 15 Sex M 18 Eyes BRO
5 DD 54618300059008378798



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/10/2015

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 SIG/Jones Insurance Agency PO Box 100 Bremond TX 76629		CONTACT NAME: Eric Jones PHONE (A/C, No, Ext): (254) 746-5351 E-MAIL ADDRESS: eric.jones@sig4you.com FAX (A/C, No): (254) 746-5358	
INSURED John Curry DBA Elm Creek Plumbing 311 THOMAS OAKS DR WIMBERLEY TX 78676		INSURER(S) AFFORDING COVERAGE INSURER A: Graphic Arts Mutual Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25984	

COVERAGES CERTIFICATE NUMBER: CL1581017338 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 INSD	SUBR WYD	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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			4544927	6/15/2015	6/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE 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	N/A			PER STATUTE OTH-ER 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)

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 Eric Jones/SJO

License / Registration Details

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 Press "New Search" to start a new search.

License Number: 38764

Current Date: 08/09/2015 07:06 AM

Name:	CURRY, JOHN RICHARD		
License Type:	Master Plumber		
License Status:	Current		
Expiry Date:	05/31/2016		
Effective Rank Date:			
Certification of Insurance:	Yes		
Insurance Expiry Date:	06/15/2016		
Company Name:	ELM CREEK PLUMBING		
Endorsement:	Responsible Master Plumber	Endorsement	
		Expiration Date:	
	Master WSPS	Endorsement	
		Expiration Date:	05/31/2018

Addresses

Address On File	Address	311 THOMAS OAKS DR WIMBERLEY, TX HAYS 78676
	Phone Number:	512-971-1302

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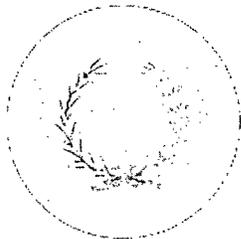
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 Payment Issues: 800-399-2969
 Logging In Issues/Technical Support: onlinehelp@hpc.state.tx.us
 Browser Compatibility Minimum: IE v7 or Firefox v3

XHTML 1.0



Texas Board of Professional Land Surveying
Texas Funeral Service Commission
Texas Optometry Board
Texas State Board of Dental Examiners
Texas State Board of Examiners of Psychologists
Texas State Board of Pharmacy
Texas State Board of Plumbing Examiners

LOGO