



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

### APPLICANT INFORMATION

Name: KERRY MARTIN  
 Address: 21 Cypress Knee Ln.      City: AUSTIN      Zip: 78734  
 Phone: \_\_\_\_\_      Cell: 512-845-4517  
 E-mail: K.MARTIN@ME.COM      Fax: \_\_\_\_\_  
 State License Number: N/A      Expiration: \_\_\_\_\_

### COMPANY INFORMATION

Name: ENERTECH BUILDERS, LLP  
 Address: 3915 CRAWFORD RD.      City: SPICEWOOD      Zip: 78669  
 Phone: 512-845-4517      Cell: 512-845-4517  
 E-mail: K.martin@me.com      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: NED MURPHY Street Address: 5424 Fischer Stave Rd. Phone Number: 281-635-5033  
Date Work Performed: 2014  
Brief Description of Work: BUILT FROM GROUND UP NEW CUSTOM HOME OVER \$1,000,000.

Reference No.2

Name: EDDIE PHILLIPS Street Address: 21600 SERENDIPITY Phone Number: 214-536-6045  
Date Work Performed: STARTED MAY 2015 - IN PROGRESS  
Brief Description of Work: NEW ADDITION AND UPGRADE HOME

Reference No.3

Name: CHARLES BISHOP Street Address: 206 HILLS DRIVE Phone Number: 512-750-2647  
Date Work Performed: 2001 AND 2015  
Brief Description of Work: NEW HOME IN 2001. JUST STARTED NEW HOME THIS WEEK.

SITE WORKERS

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

1. N/A - SUBCONTRACTORS-
2. \_\_\_\_\_
3. AGENT - MARLEY FORBIZ. ARCHITECT
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 20<sup>th</sup> day of JULY, 2015.

  
Applicant

Texas

USA  
TX

DRIVER LICENSE



*[Signature]*

4d DL [REDACTED] 9 Class **CM**  
 4a Iss **11/19/2014** 4b Exp **11/19/2020**  
 3 DOB [REDACTED]  
 1 **MARTIN**  
 2 **KERRY LAYNE**  
 8 **21 CYPRESS KNEE LANE**  
**AUSTIN TX 78734**  
 12 Restrictions **A** 9a End **NONE**  
 16 Hgt **5-09** 16 Sex **M** 18 Eyes **HAZ**  
 5 DD **08610451116159798298**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/07/2015

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 ANDY HOEL INSURANCE AGENCY 3595 RR 620 S STE W100 AUSTIN, TX 78738	CONTACT NAME: MATT HARTNETT
	PHONE (A/C, No, Ext): 512-892-9312 FAX (A/C, No): E-MAIL ADDRESS:
INSURED  ENERTECH BUILDERS LTD 3915 CRAWFORD RD  SPICEWOOD TX 78669	INSURER(S) AFFORDING COVERAGE
	INSURER A : ESSEX INSURANCE COMPANY
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :

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 / WVD	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		2CM3651	01/20/2015	01/20/2016	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					BODILY INJURY (Per person) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N N/A				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						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  CITY OF WIMBERLEY	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 MATTHEW HARTNETT
---	---