



RECEIVED
AUG - 5 2015
BY: C 9:16am

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: Grady Drawdy

Address: 1720 S. Rainbow Ranch Rd. City: Wimberley Zip: 78676

Phone: 512-618-7772 Cell: 512-618-7772

E-mail gdrawdy@outlook.com Fax: _____

State License Number: _____ Expiration: _____

COMPANY INFORMATION

Name: G.M.D. 3 Construction L.L.C.

Address: 1720 S. Rainbow Ranch Rd. City: Wimberley Zip: 78676

Phone: 512-618-7772 Cell: _____

E-mail gdrawdy@outlook.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: Dr. Allen Mahood Street Address: 300 Ridge Oak Phone Number: 512-750-7006
Date Work Performed: December - 2014
Brief Description of Work: Remodel - (Master Bath addition) (Sunroom)

Reference No.2

Name: Melissa Williams Street Address: 44 Acacia Phone Number: 512-750-7006
Date Work Performed: January - 2013
Brief Description of Work: New Home

Reference No.3

Name: Steve Bowling Street Address: 3 Wide Canyon Phone Number: 512-585-8501
Date Work Performed: February - 2015
Brief Description of Work: _____

SITE WORKERS

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

1. Rick Ramos KCM Plumbing
2. Ubaldo Morales
3. Rick Cerda
4. Jose Melgar
5. Roy Mendoza
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 4 day of August, 2015.



Applicant

Texas

USA
TX

DRIVER LICENSE

Commissioner of Transportation



4d DL [REDACTED] 9 Class **C**
4e Iss **01/18/2012** 4b Exp **01/17/2018**
3 DOB [REDACTED]
1 **DRAWDY**
2 **GRADY MASHONG III**
8 **102-B CEDAR HOLLOW LANE**
WIMBERLEY TX 78676-0000
12 Restrictions **A** 9a End **NONE**
16 Hgt **6-01** 15 Sex **M** 18 Eyes **BLU**
5 DD **01611280114108518258**



Handwritten signature



INSURANCE BINDER

DATE (MM/DD/YYYY)
07/29/2015

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY Heritage Specialty Insurance Agency, LP P.O. Box 5386 Bryan TX 77805-5386	COMPANY Contractors Bonding & Insurance Company	BINDER # C11SK5561																
PHONE (A/C, No., Ext): (866) 544-1900 FAX (A/C, No.): (866) 832-0984 CODE: 84954 SUB CODE: AGENCY CUSTOMER ID: 63 INSURED AND MAILING ADDRESS Grady Drawdy GMD3 Construction 1720 S Rainbow Ranch Rd Wimberley TX 78676-	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">EFFECTIVE</th> <th colspan="2">EXPIRATION</th> </tr> <tr> <th>DATE</th> <th>TIME</th> <th>DATE</th> <th>TIME</th> </tr> <tr> <td>07/28/2015</td> <td>12:01</td> <td>08/27/2015</td> <td>12:01 AM</td> </tr> <tr> <td></td> <td></td> <td></td> <td>NOON</td> </tr> </table> <p><input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:</p> <p>DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) General Contractor</p>		EFFECTIVE		EXPIRATION		DATE	TIME	DATE	TIME	07/28/2015	12:01	08/27/2015	12:01 AM				NOON
EFFECTIVE		EXPIRATION																
DATE	TIME	DATE	TIME															
07/28/2015	12:01	08/27/2015	12:01 AM															
			NOON															

COVERAGES	COVERAGE / FORMS	DEDUCTIBLE	COINS %	LIMITS
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Auditable <input checked="" type="checkbox"/> Deductible RETRO DATE FOR CLAIMS MADE:	\$1000 deductible per BI/PD occurrence			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
VEHICLE 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				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____				ACTUAL CASH VALUE STATED AMOUNT \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:				EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ PER STATUTE
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS / OTHER COVERAGES Base Premium: \$1129 Terms & Conditions: Per quotation sent 7/20/15				FEES \$ 150 TAXES \$ ESTIMATED TOTAL PREMIUM \$ 1,279

NAME & ADDRESS Blanket Additional Insured when required by contract & Blanket Waiver of Subrogation when required by contract	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> MORTGAGEE</td> <td><input type="checkbox"/> ADDITIONAL INSURED</td> </tr> <tr> <td><input type="checkbox"/> LOSS PAYEE</td> <td></td> </tr> <tr> <td colspan="2">LOAN #:</td> </tr> <tr> <td colspan="2">AUTHORIZED REPRESENTATIVE <i>[Signature]</i></td> </tr> </table>	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE		LOAN #:		AUTHORIZED REPRESENTATIVE <i>[Signature]</i>	
<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED								
<input type="checkbox"/> LOSS PAYEE									
LOAN #:									
AUTHORIZED REPRESENTATIVE <i>[Signature]</i>									

Paid in full
CK# 1288
adu