



JUL 29 2015

CW

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

APPLICANT INFORMATION

Name: Gary Shimek

Address: 2625 Oak Haven City: San Marcos Zip: 78666

Phone: _____ Cell: (512) 395-7868

E-mail: [REDACTED] Fax: _____

State License Number: _____ Expiration: _____

COMPANY INFORMATION

Name: Glass With Class

Address: 2605 S. I-35 Ste. 100A City: San Marcos Zip: 78666

Phone: (512) 396-4527 Cell: _____

E-mail: glasswithclass@grandecom.net Fax: (512) 392-9960

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 Mauldin Street Address: Bill Mountain View Phone Number: 512-738-1911
Date Work Performed: _____
Brief Description of Work: glass work. mirrors showers
windows ect.

Reference No.2

Name: Cliff Adare Street Address: 2000 River Bend Phone Number: 512-738-0126
Date Work Performed: _____
Brief Description of Work: glass work mirrors showers
windows ect

Reference No.3

Name: Brandon Hutchins Street Address: 441 Thomas Drive Phone Number: 512-771-9845
Date Work Performed: _____
Brief Description of Work: glas work mirrors showers
windows.

SITE WORKERS

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

- 1. Gary Shimek
- 2. Ryan Roberts
- 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 22 day of July, 2015.

[Signature]
Applicant

Texas

DRIVER LICENSE



4d DL [REDACTED] 9 Class **CM**
4a Iss **11/15/2011** 4b Exp **11/09/2017**
3 DOB [REDACTED]
1 SHIMEK
2 GARY LANGSTON
8 2625 OAK HAVEN DR
SAN MARCOS TX 78666-0000
12 Restrictions **A** 9a End **NONE**
16 Hgt **6-00** 15 Sex **M** 18 Eyes **BRO**
5 DD 14611181111125908682

Langston

TEXAS GARAGE RENEWAL CERTIFICATE
Valuable--Attach This Certificate to Your Policy

TRUCK INSURANCE EXCHANGE
MEMBERS OF FARMERS INSURANCE GROUP OF COMPANIES
HOME OFFICE: 4680 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010
SERVICE CENTER: 15700 LONG VISTA DRIVE, AUSTIN, TEXAS 78728

ITEM ONE

NAMED : GLASS WITH CLASS
INSURED :
MAILING : 2605 SOUTH IH 35 STE 100A
ADDRESS :
SAN MARCOS TX 78666

VV03879
Account Number

19-36-385 60470-27-05
Agent Policy Number

Form of Business: Individual Partnership
AUTO GLASS REPAIR Corporation Other

RENEWALS NO:

Policy Period from 03/15/14 to 03/15/15 12:01 A.M. Standard Time at your mailing address shown above.

In consideration of the payment of the premium stated, this policy is renewed from the inception date to the expiration date stated. Insurance is provided only with respect to coverage for which an auto symbol, limits of insurance and premium charge is stated, subject to all of the terms of this policy, including any attached forms and endorsements.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those autos shown as covered autos. Autos are shown as covered autos for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to LIABILITY provides coverage for Garage Operations.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Garage Coverage Form shows which autos are covered autos)	LIMIT			PREMIUM
		THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS (LIMITS SHOWN IN THOUSANDS)			
LIABILITY	29	Each Accident Garage Operations		Aggregate Garage Operations	557.00
		Auto Only	Other Than Auto Only	Other Than Auto Only	
		\$ 1000	\$ 1000	\$ 2000	
PERSONAL INJURY PROTECTION	SEE END.	\$			
MEDICAL PAYMENTS		\$			
Auto Medical Payments Only		\$			
Premises and Operations Medical Payments (Does not apply to bodily injury caused by any auto)		\$			
Premises and Operations and Auto Medical Payments	22	\$ 5			32.00
UNINSURED/UNDERINSURED MOTORISTS Bodily Injury Property Damage (Combined Liability)	SEE END.	\$ each person/S each accident each accident		each accident	
GARAGEKEEPERS COMPREHENSIVE COVERAGE	30	\$ SEE SCHEDULE Each Location Minus \$ SEE SCHEDULE Ded. for Each Covered Auto for Loss Caused by Theft or Mischief or Vandalism Subject to \$ SEE SCHEDULE Maximum Deductible for All such Loss in any One Event.			198.00
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		\$ SEE SCHEDULE Each Location Minus \$ SEE SCHEDULE Deductible for Each Covered Auto			
GARAGEKEEPERS COLLISION COVERAGE	30	\$ SEE SCHEDULE Each Location Minus \$ SEE SCHEDULE Deductible for Each Covered Auto			122.00
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		STATED AMOUNT \$ SEE SCHEDULE Actual Cash Value or Cost of Repair, whichever is less minus \$ Ded. for Each Covered Auto But no Deductible Applies to Loss Caused by Fire or Lightning. See Supplementary Schedule for dealers autos and autos held for sale by trailer dealers and non-dealers.			
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		STATED AMOUNT \$ SEE SCHEDULE Actual Cash Value or Cost of Repair, whichever is Less Minus \$25 Ded. for Each Covered Auto for loss Caused by Mischief or Vandalism. See Supplementary Schedule for dealers autos and autos held for sale by trailer dealers and non-dealers.			

(CONTINUED ON REVERSE SIDE)



TEXAS GARAGE RENEWAL CERTIFICATE (CONTINUED)

PHYSICAL DAMAGE COLLISION COVERAGE		STATED AMOUNT \$ SEE SCHEDULE Actual Cash Value or Cost of Repair whichever is less minus \$ Ded. for Each Covered Auto. See Supplementary Schedule for dealers autos and autos held for sale by trailer dealers and non-dealers.	
PHYSICAL DAMAGE TOWING AND LABOR		\$ for each disablement of a covered auto.	
PREMIUM FOR ENDORSEMENTS			134.00
ESTIMATED TOTAL PREMIUM			1,043.00

Premium Shown is payable \$ _____ at inception.

ENDORSEMENTS ATTACHED TO THIS POLICY: IL 00 21-Broad Form Nuclear Exclusion

CA00050310	CA01970310	CA02430301	CA03010310	CA23840106	CA25011293	CA25050306
CA25140310	CA25370306	CA25390306	CA99030306	CA99880306	E2015-ED2	IL00171198
J6733-ED1	J6738-ED1	56-5223ED5				

COUNTERSIGNED _____ (Date) By _____ (Authorized Representative)

NOTE: OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

THIS DECLARATION MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE