

AUG 18 2015
@ 11:05 am

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: MIKE OLDMIXON

Address: 151 OLSTAM LN. City: WIMBERLEY Zip: 78676

Phone: 512-748-7671 Cell: SAME

E-mail: MIKEOLDMIXON@YAHOO.COM Fax: N/A

State License Number: N/A Expiration: _____

COMPANY INFORMATION

Name: HARVEST BUILDERS, LLC

Address: P.O. BOX 1412 City: WIMBERLEY Zip: 78676

Phone: 512-748-7671 Cell: SAME

E-mail: MIKEOLDMIXON@YAHOO.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: SUZANNE MCCORD Street Address: 610 LOPY RANCH Phone Number: 512-431-4140
Date Work Performed: 1/2015
Brief Description of Work: REMODEL TWO BATHROOMS & BARN ATT/OFFICE. INCLUDE FRAMING CARPORTS, NEW PLUMBING, ELECT, HVAC, DRYWALL, PAINT, TILE & FIXTURES.

Reference No.2

Name: PELLEY GENTRY Street Address: 2096 CANYON LAKE DR CRYSTAL LAKE, TX Phone Number: 214-884-5599
Date Work Performed: 1/2014
Brief Description of Work: BUILD NEW GARAGE ATTACHED TO EXISTING. INCLUDES SITE WORK, DRIVEWAY, NEW FOUNDATION, FRAMING, ELECT, PLUMBING, PAINTING

Reference No.3

Name: RICK ALLEN Street Address: 221 TWILIGHT TR. Phone Number: 512-567-9047
Date Work Performed: 10/2012 & 3/2014
Brief Description of Work: RENOVATE EXISTING HOME INTO NEW OFFICES. PERMITTED JOB. BUILT NEW METAL BUILDING WITH APARTMENT IN ONE END. " "

SITE WORKERS

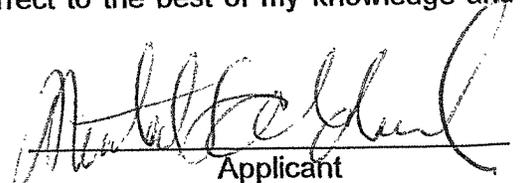
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

- 1. SELF.
- 2. _____
- 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 17 day of AUGUST, 2015.


Applicant

Texas

USA
TX

DRIVER LICENSE

Commissioner of Transportation



4d DL [REDACTED] 9 Class **CM**
 4e Iss **03/19/2012** 4b Exp **05/17/2018**
 1 DOB [REDACTED]
 3 CLMAYON
 2 MICHAEL LOUIS
 6 151 OLDHAM LN.
 WIMBERLEY TX 78676
 12 Restrictions **NONE** 9a End **NONE**
 16 Hgt **6-00** 15 Sex **M** 18 Eyes **BLU**
 5 DD 45619281025139808452

Michael Louis





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/17/2015

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 CCIM, Inc dba Capitol City Ins and The Insurance Store 8030 N Mopac Austin TX 78759		CONTACT NAME: Lucy Rendon PHONE (A/C, No, Ext): (512) 343-0280 FAX (A/C, No): (512) 343-0352 E-MAIL ADDRESS: lucyr@ccinsurance.com	
INSURED Harvest Builders, LLC 151 Oldham Lane Wimberley TX 78676		INSURER(S) AFFORDING COVERAGE INSURER A: Mid-Continent Group NAIC # 23418 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1581716541 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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			04GL929173	5/15/2015	5/15/2016	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			04CA2808507	5/15/2015	5/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						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						<input type="checkbox"/> Y <input checked="" type="checkbox"/> 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 City of Wimberley 12111 RR 12 #114 Wimberley, TX 78676	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 Dwayne Baker/NICOLE
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