

e 8:29 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.
- d. Name and address of the contractor's registered agent (if applicable) *Not submitted*

APPLICANT INFORMATION

Name: Colin B. Curry

Address: 45 Cedar Lane Drive City: Canyon Lake Zip: 78133

Phone: 830 899 3043 Cell: 830 608 4891

E-mail: _____ Fax: _____

State License Number: M39518 Expiration: 10/31/2015

COMPANY INFORMATION

Name: Hill Country Plumbing

Address: 270 Carney Lane City: Wimberley Zip: 78676

Phone: 512 847 1023 Cell: _____

E-mail: HillCountryPlumbing@gmail.com Fax: 512 847 6714

Contractor License Holder: Colin B. Curry

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: Grady Burnette Builders Street Address: _____ Phone Number: 512 847 9040
Date Work Performed: _____
Brief Description of Work: _____
Multiple Custom Homes

Reference No.2

Name: Discora Home Designs Street Address: _____ Phone Number: 512 557 3092
Date Work Performed: _____
Brief Description of Work: _____
Multiple Custom Homes and Remodels

Reference No.3

Name: Coachman Homes Street Address: _____ Phone Number: 512 844 5843
Date Work Performed: _____
Brief Description of Work: _____
Multiple Custom Homes and Remodels

SITE WORKERS

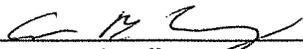
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

1. Colin B. Curry
2. Billy Dettayas
3. Isada Dettayas
4. Colin M. Curry
5. Cade Curry
6. Court Curry
7. John Curry
8. Brittany Crocker
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 29 day of July, 2015.


Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/21/2015

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 1722 Broadmoor Suite 214 Bryan TX 77802	CONTACT NAME: Eric Jones
	PHONE (A/C, No, Ext): (979) 731-1350 FAX (A/C, No): (979) 731-1358 E-MAIL ADDRESS: eric.jones@sig4you.com
INSURED COLIN B CURRY dba HILL COUNTRY PLUMBING H.C. PLUMBING LLC 270 CARNEY LN WIMBERLEY TX 78676	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Utica Mutual 25976
	INSURER B: Utica National Ins Co
	INSURER C: Utica National Ins of Texas 43478
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL1552115809

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
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
A	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		4595876	11/15/2014	11/15/2015	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					BAILB \$
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		4595879	11/15/2014	11/15/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED RETENTIONS					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OTH-ER
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	4595905	11/15/2014	11/15/2015	E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

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/EWJ

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COLIN BAIRD CURRY
MASTER
RMP

39518



04/15/1978

10/31/2015

Texas

DRIVER LICENSE



DL [REDACTED] 9 Class C
10a Iss 04/10/2012 10b Exp 04/15/2018

3 DOB [REDACTED]
1 CURRY
2 COLIN BAIRD

6 145 CEDAR LANE DRIVE
CANYON LAKE TX 73133-0000

12 Restrictions NONE 13a End NONE

16 Hgt 5-09 15 Sex M 18 Eyes HAZ

5 DD 08611280144100898089

USA
TX

