

JUL 14 2005

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

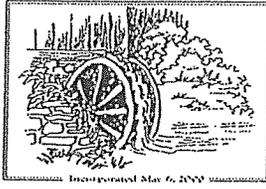
APPLICANT INFORMATION

Name: JJK MAINTENANCE - JIM RICCIARDI
 Address: P.O. Box 1361 City: WIMBERLEY Zip: 78676
 Phone: 510- [REDACTED] Cell: 512-698-7917
 E-mail: _____ Fax: _____
 State License Number: N/A Expiration: N/A

COMPANY INFORMATION

Name: SAME AS ABOVE
 Address: _____ City: _____ Zip: _____
 Phone: _____ Cell: _____
 E-mail: _____ Fax: _____
 Contractor License Holder: _____

*Change of
Phone #



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- d. Name and address of the contractor's registered agent (if applicable)

APPLICANT INFORMATION

Name: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Cell: _____
E-mail _____ Fax: _____
State License Number: _____ Expiration: _____

*Change of phone # number

COMPANY INFORMATION

Name: J&K MAINTENANCE
Address: NEW NUMBER FOR WEBSITE City: _____ Zip: _____
Phone: 510-698-7917 Cell: _____
E-mail _____ 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: ~~ALLEN DUMAS~~ BETTY DUMAP Street Address: _____ Phone Number: 847-2772
Date Work Performed: _____
Brief Description of Work: RE-SIDE HOUSE + BATH REMODEL

Reference No.2

Name: MIKE MACE Street Address: CLIMBING WAY Phone Number: 847-3264
Date Work Performed: _____
Brief Description of Work: HOUSE REMODEL INSIDE + OUT

Reference No.3

Name: DODDY SPENCER Street Address: _____ Phone Number: 847-2134
Date Work Performed: _____
Brief Description of Work: BATH + KIT REMODEL

SITE WORKERS

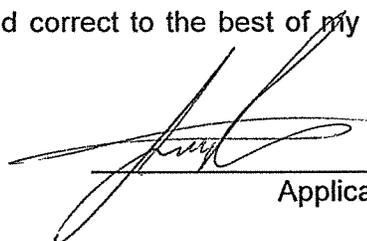
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

1. FELIX PARRA
2. ELI HERNANDEZ
3. VANCE WRIGHT
4. MIKE OLMIXON
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 29th day of JUNE, 2015.



Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/09/2015

PRODUCER Contractors Direct Insurance Clayton A. Hatfield (650) 574-8009 1885 Los Altos Dr. San Mateo, CA 94402	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED J&K Maintanance 57 Champion Circle Wimberley, TX 78676	INSURER A: Preferred Contractors Association Insurance	12497
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X		GENERAL LIABILITY <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	PCIC5026-PCA546068	07/01/2015	07/01/2016	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
							FIRE DAMAGE	\$ 50,000
			AUTOMOBILE 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 (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
			GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
							OTHER THAN EA ACC	\$
							AUTO ONLY: AGG	\$
			EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
								\$
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
			OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The Blanket Additional Insured Endorsement applies to all operations including its divisions, subsidiaries, partners & shareholders, for whom the named Insured has agreed by written contract to furnish this waiver.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Clayton A. Hatfield

Texas

USA
TX

DRIVER LICENSE



DL [REDACTED] 9 Class C
4a Exp 04/05/2010 4b Exp 02/27/2016

DOB [REDACTED]
1 RICCIARDI
2 JIMMIE LEE

6 57 CHAMPIONS CIRCLE
WIMBERLEY TX 78676-0000

12 Restrictions NONE 9c End NONE
16 Hgt 5-11 15 Sex M 18 Eyes BRO
5 DD 18611080145015218628