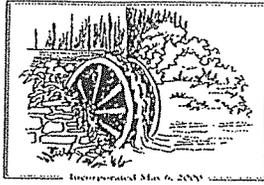


(Re: 511 Hidden Valley



RECEIVED
SEP - 8 2015
BY: e12ill pm

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

APPLICANT INFORMATION

Name: John James Jaso

Address: Po Box 618 / 303 Crockett City: Martindale Zip: 78655

Phone: 512 357-2726 Cell: 512 557-3189

E-mail: JohnJaso1@yahoo.com Fax: 512 357-2726

State License Number: _____ Expiration: _____

COMPANY INFORMATION

Name: Jaso Contractors

Address: 303 Crockett City: Martindale Zip: 78655

Phone: 512 357-2726 Cell: 512 557-3189

E-mail: JohnJaso1@yahoo.com Fax: 512-357-2726

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: Larry Gatt Street Address: 355 Lindi Ln Phone Number: 512-748-5026
Date Work Performed: 2014
Brief Description of Work: Remodel work

Reference No.2

Name: DJ Hardwick Street Address: 213 River Road Phone Number: 512-357-0014
Date Work Performed: 2013
Brief Description of Work: Remodel work

Reference No.3

Name: Frank Hernandez Street Address: Kyle Phone Number: 512-753-2811
Date Work Performed: 2014
Brief Description of Work: Remodel work

SITE WORKERS

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

- 1. David Alvarez
- 2. ADAM MARATH
- 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 08 day of September, 2015.

[Signature]
Applicant

Texas

USA
TX

DRIVER LICENSE



4 DL [REDACTED] 9 Class C
4a Iss 06/13/2014 4b Exp 05/24/2019

3 DOB [REDACTED]
1 JASO
2 JOHN JAMES

8 92 JENNINGS
MARTINDALE TX 78655-0000

12 Restrictions NONE 9a End NONE
16 Hgt 5-10 15 Sex M 18 Eyes BRO
5 DD 30610450166113408255

J



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/08/2015

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 Matthew Patterson(1936374) 222 E Hutchison St San Marcos TX 78666-5682		CONTACT NAME: PHONE (A/C, No, Ext): 512-396-1234 FAX (A/C, No): 512-396-5548 E-MAIL ADDRESS: mpatterson@farmersagent.com																						
INSURED JASO, JOHN PO BOX 618 MARTINDALE TX 78655		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Truck Insurance Exchange</td> <td>21709</td> </tr> <tr> <td>INSURER B :</td> <td>Farmers Insurance Exchange</td> <td>21652</td> </tr> <tr> <td>INSURER C :</td> <td>Mid Century Insurance Company</td> <td>21687</td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Truck Insurance Exchange	21709	INSURER B :	Farmers Insurance Exchange	21652	INSURER C :	Mid Century Insurance Company	21687	INSURER D :			INSURER E :			INSURER F :		
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INSURER D :																								
INSURER E :																								
INSURER F :																								

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	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	Y	N	605055605	11/15/2014	11/15/2015	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 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						WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 325 MAIN ST, MARTINDALE, TX 78655

CERTIFICATE HOLDER**CANCELLATION**

CITY OF WIMBERLEY
 221 STILLWATER
 PO BOX 2027
 WIMBERLEY TX 78676

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