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

## APPLICANT INFORMATION

Name: KENNY THERRIEN

Address: P.O. BOX 2508 City: WIMBERLY Zip: 78676

Phone: 512-847-1323 Cell: 512-618-0591

E-mail: KENNY.THERRIEN@GMAIL.COM Fax: \_\_\_\_\_

State License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

## COMPANY INFORMATION

Name: KENNY THERRIEN CUSTOM HOMES

Address: P.O. BOX 2508 City: WIMBERLY Zip: 78676

Phone: 512-847-1323 Cell: 512-618-0591

E-mail: KENNY.THERRIEN@G-MAIL.COM 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: DICK WHIPPLE Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date Work Performed: \_\_\_\_\_  
Brief Description of Work: BUILDING

*Reference No.2*

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date Work Performed: \_\_\_\_\_  
Brief Description of Work: \_\_\_\_\_

*Reference No.3*

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date Work Performed: \_\_\_\_\_  
Brief Description of Work: \_\_\_\_\_

SITE WORKERS

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

- 1. HILL COUNTRY PLUMBING
- 2. SEVEN STAR FLE.
- 3. FISHER AIR
- 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 9 day of 9, 2015.

  
Applicant

Texas

DRIVER LICENSE

USA TX



DL

10/31/2011

11/29/2017

1: DOB  
THERRIEN  
KENNY HORMIDAS

8: 550 LONE MAN CREEK  
WIMBERLEY TX 78676-0000

12: Restrictions NONE  
16: Hgt 5-10 15: Sex M 18: Eyes BRO  
5: DD 18619181005321808168

*Ken Hormidas*



General Indemnity Company  
 National Flood Insurance Program (NFIP)  
 9800 Fredericksburg Road  
 San Antonio, Texas 78288-0489

Policy Number:  
 0322 69 74 3F

**STANDARD POLICY**  
 Renewal Flood Policy Declaration  
 Policy Period: 10/23/2014 to 10/23/2015 (12:01 a.m.)

Named Insured / Property Location  
 DAVID W DORRANCE  
 TAMELA L DORRANCE  
 110 RIVER ROAD CIR  
 WIMBERLEY, TX 78676

Additional Insured:

Premium Payor: Insured

**COVERAGE INFORMATION**

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 147,600	\$ 1,250	\$ 927.00
Contents	\$ 16,600	\$ 1,250	\$ 115.00
		Deductible Adjustment:	\$ -21.00
		Community Discount:	\$ 0.00
		Increased Cost of Compliance:	\$ 5.00
		Reserve Fund Assessment:	\$ 51.00
		HFIAA Surcharge:	\$ 0.00
		Federal Policy Fee:	\$ 44.00
Replacement Cost:	\$ 112,000	Total Premium Paid:	\$ 1,121.00

**LOCATION INFORMATION**

Community Name: WIMBERLEY, VILLAGE OF	Flood Risk / Rated Zone: AE
Community Number: 48-1694 0355 F	NFIP Grandfathering: N
Date of Construction or Substantial Improvement: 03/01/1998	Primary Residence: N
Building Occupancy: Single Family	
Elevation Difference: 0.0	
Property Desc: Two floors without a basement, non elevated building, includes addition(s) and extension(s)	

**LENDER INFORMATION**

<b>First Mortgagee</b>	<b>Second Mortgagee</b>	
None	None	
Loan Number: None	Loan Number: None	
<b>Other Mortgagee</b>	<b>Loss Payee</b>	<b>Disaster Agency</b>
None	None	None
Loan Number: None	Loan Number: None	Loan Number: None

**THIS IS NOT A BILL**

**THIS POLICY IS COVERED BY THE DWELLING FORM. COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.**

Contact USAA at 1-800-531-USAA (8722) between 7:30 a.m. and 6:00 p.m. CST Monday – Friday or 8:00 a.m. to 4:30 p.m. CST on Saturday