



RECEIVED  
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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 - (Not submitted) cm
- 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: Kelly King

Address: 215-Raindrop City: Wimberley Zip: 78676

Phone: 512-844-4802 Cell: same

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

State License Number: 10262585 Expiration: 4-14-2022

### COMPANY INFORMATION

Name: King's Contracting

Address: 215-Raindrop City: Wimberley Zip: 78676

Phone: 512-844-4802 Cell: same

E-mail: KKing'sContracting@gmail.com Fax: \_\_\_\_\_

Contractor License Holder: TSBL 26762

**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: John Robertson Street Address: 2912 Flite Ave Phone Number: 214-533-9351  
Date Work Performed: 1-16-16  
Brief Description of Work: Repair Flood Remodel total.  
Restore + Original.

**Reference No.2**

Name: Sherril Stowe Street Address: 3200 Woodcreek Cir Phone Number: 972-571-2637  
Date Work Performed: 5-31-16  
Brief Description of Work: Screen Porch - Dry's Elec. Lights  
Insulation - Drywall - Paint, Flooring

**Reference No.3**

Name: Allan Alen Street Address: 300 Rainbow's End Phone Number: 830-221-8853  
Date Work Performed: 7-14-16  
Brief Description of Work: Plumbing - Elec - Insulation -  
Drywall - Trim - Paint

**SITE WORKERS**

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

1. Fisher Elec. - Tom H. Jack G. Jay Fisher - 3
2. \_\_\_\_\_
3. Plumbing crew, - Blue 40 - Chris O. George Co - 2
4. \_\_\_\_\_
5. Kings Contracting, Kelly K. Charles S. Craig L. - 3
6. \_\_\_\_\_
7. Home Depote - Countop Crew - 2
8. \_\_\_\_\_
9. Home Depote - Appliance Crew - 2
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 26 day of Sept., 2016.

Kelly King  
Applicant

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER

THE BENNER INSURANCE AGENCY  
PO BOX 1078  
DRIPPING SPRINGS, TX 78620

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORM ONLY AND CONFERS NO RIGHTS UPON THE CERTIF HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEI ALTER THE COVERAGE AFFORDED BY THE POLICIES E

INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: ATLANTIC CASUALTY INS  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

INSURED

KELLY KING  
dba King's Contracting  
215 Raindrop  
Wimberley, Tx 78676  
512-844-4802

## 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	LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A			GENERAL LIABILITY	L089004889	08-02-08	08-02-09	EACH OCCURRENCE	\$ 1,000,00
			<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00
			<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,00
							PERSONAL & ADV INJURY	\$ 1,000,00
			GENTL AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 1,000,00
			<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 1,000,00
			AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
			<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
			<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
			<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
			<input type="checkbox"/> HIRED AUTOS					
			<input type="checkbox"/> NON-OWNED AUTOS					
			GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
			<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
							AGG	\$
			EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
			<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
								\$
			<input type="checkbox"/> DEDUCTIBLE					\$
			RETENTION \$					\$
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
			ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
			If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
			OTHER				E.L. DISEASE - POLICY LIMITS	\$
			\$250 PD per claim					

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

general contracting

## CERTIFICATE HOLDER

TRS BEHAVIORIAL CARE, INC  
902 W ALABAMA  
HOUSTON, TX 77006

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

*Pat Benner*