



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

APPLICANT INFORMATION

Name: Ronnie L. CRANE
 Address: 1878 Connie DR. City: CANYON LAKE Zip: 78133
 Phone: 830 899 2412 Cell: 210 823-2415
 E-mail: [REDACTED] Fax: _____
 State License Number: _____ Expiration: _____

COMPANY INFORMATION

Name: LAKE FOREST EXTERIORS
 Address: PO BOX 1416 City: CANYON LAKE Zip: 78133
 Phone: 830 964-2121 Cell: 210 823-2415
 E-mail: LAKEFORESTEXTERIORS.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: Becky LeDoux Street Address: 4807 Dick Gordon Phone Number: 210-416-9004
Date Work Performed: JUNE 2015
Brief Description of Work: BATHROOM Remodel, / 2013- ROOF.

Reference No.2

Name: Steve Waugh Street Address: 1314 Timberwood Trl Phone Number: 830-832-0011
Date Work Performed: APRIL 2015 / 2014
Brief Description of Work: PAINTING, WINDOWS ROOM Remodel

Reference No.3

Name: Deotiza Seymour Street Address: 1154 Amanda Phone Number: 210-365-8242
Date Work Performed: MARCH 2015
Brief Description of Work: ROOF, SIDING, DOOR, WINDOWS
GAFFIT + FASCIA WORK

SITE WORKERS

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

- 1. JASON CRANE
- 2. Shane widder
- 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 1 day of July, 2015.

Rami J Crane
Applicant

Texas

USA
TX

DRIVER LICENSE



1st DL [REDACTED]
2nd Iss 03/31/2015 3rd Class GM
4th Exp 05/15/2019
5th DOB [REDACTED]
6th CRANE
7th RONALD LEE

8th 1878 CONNIE DR.
9th CANYON LAKE TX 78133-5258

Ronald Lee Crane

12 Restrictions A 13 Sex M 14 End NONE
15 Hgt 5-11 16 Eyes BLU
17 DS 20619580035321718551



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/21/14

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 Action Star Insurance 4910 Rigsby San Antonio, TX 78222 Phone (210)648-5959 Fax (210)648-5933	CONTACT NAME: LYNDA TILLERY	FAX (A/C, No): (210)648-5933	
	PHONE (A/C, No, Ext): (210)648-5959	E-MAIL ADDRESS: ACTIONSTARINS@sbcglobal.net	
INSURED LAKE FOREST EXTERIORS 105 Cliff Wood CANYON LAKE, TX 78133-210	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ATLANTIC CASUALTY		
	INSURER B:		
	INSURER C:		
	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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			LO76004270	08/21/2014	08/21/2015	EACH OCCURRENCE \$ 500,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 500,000.00 GENERAL AGGREGATE \$ 500,000.00 PRODUCTS - COMP/OP AGG \$ 500,000.00 \$
	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 <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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	Y / N <input type="checkbox"/> N / A					<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIDING & WINDOW INSTALLATION

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