SEP 25 2015

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) cm

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

APPLICANT INFORMATION

Name: Jaime Mena

Address: 1926 Cincinnati City: San Antonio Zip: 78228

Phone: 210-889-6346 Cell: Same

E-mail Menelec.jm@gmail Fax: 210-736-2234

State License Number: 20773 Expiration: 11-15-15

COMPANY INFORMATION

Name: Mena Electric

Address: 1449 Culebra City: San Antonio Zip: 78238

Phone: 210-735-3409 Cell: 210-889-6346

E-mail Menelec.jm@gmail.com Fax: 210-736-2234

Contractor License Holder: [signature]

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: Joe Vidirevi Street Address: 5110 Noseler Phone Number: 210-643-2503
Date Work Performed: 7-1-15
Brief Description of Work: Kitchen Remodeling, new circuits

Reference No.2

Name: Ruben Zamora Street Address: 990 Camelot Phone Number: 210-559-8240
Date Work Performed: 2-20-11
Brief Description of Work: New House wiring, meterloop

Reference No.3

Name: Todd Shell Street Address: 13527 Bradhurst Phone Number: 210-336-7191
Date Work Performed: 12-12-14
Brief Description of Work: Hang Ceiling Fans in house
Change Plugs

SITE WORKERS

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

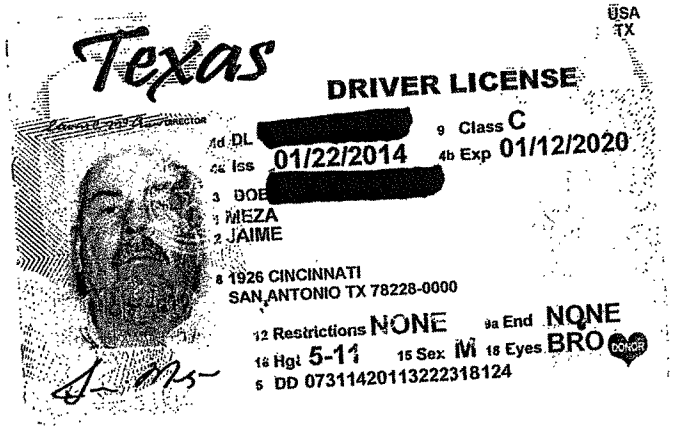
1. Nicholas Meza
2. Samuel De Los Santos
3.
4.
5.
6.
7.
8.
9.
10.

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 24th day of Sept, 2015.

[signature]
Applicant



USA
TX

Texas

DRIVER LICENSE

DIRECTOR

4d DL [redacted]
9 Class C
4a Iss 01/22/2014
4b Exp 01/12/2020
3 DOB [redacted]
1 MEZA
2 JAIME
8 1926 CINCINNATI
SAN ANTONIO TX 78228-0000
12 Restrictions NONE
9a End NONE
16 Hgt 5-11
15 Sex M
18 Eyes BRO
5 DD 07311420113222318124

DONOR

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/03/2015

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: Insurance Executives, Inc.
129 Southbridge
San Antonio TX 78218

Phone: 210-341-5312 Fax: 210-341-8620

CONTACT NAME: Stephanie Balderas
PHONE (A/C, No, Ext): 210-341-5312 FAX (A/C, No): 210-341-8620
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE — NAIC #

INSURER A: Insurors Indemnity Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED: Jaime Meza DBA: Meza Electric
1449 Culebra Rd.
San Antonio TX 78201

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			GLP-14-0120717-03	09/28/2015	09/28/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 500,000 $ 100,000 $ 5,000 $ 500,000 $ 1,000,000 $ 1,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB 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	Y / N N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

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

CERTIFICATE HOLDER

City of Wimberley
P.O. Box 2027
Wimberley Tx 78676

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

Theresa Herber

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ACORD

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PRODUCER
Insurance Executives, Inc.
129 Southbridge
San Antonio TX 78216

Phone: 210-341-5312 Fax: 210-341-8620

CONTACT NAME: Stephanie Balderas
PHONE (A/C, No, Ext): 210-341-5312 FAX (A/C, No): 210-341-8620
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Insurors Indemnity Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Jaime Meza DBA: Meza Electric
1449 Culebra Rd.
San Antonio TX 78201

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