



11:44 AM

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

APPLICANT INFORMATION

Name: Montelongo Longoria Design Build, LLC

Address: 715 Ripley Ave City: San Antonio Zip: 78212

Phone: 210 683 8917 David Cell: 210 800 2711 Robin

E-mail david.direct@yahoo.com Fax: robin.knowlton@yahoo.com

State License Number: H-924893 Expiration: 1/30/2017

COMPANY INFORMATION

Name: as above

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

E-mail _____ Fax: _____

Contractor License Holder: Montelongo Design Build, LLC
Longoria

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: Seth Teel Street Address: 323 Callaghan Phone Number: 314 662-4084
Date Work Performed: Renovation of Historical Residence - May 2015
Brief Description of Work: Total remodel of residential home in downtown San Antonio. Including room addition, bathroom, electrical, painting, original trim, brand new kitchen w/ cabinets and granite countertops.

Reference No.2

Name: Thomas Swenson Street Address: 200 Lullwood Phone Number: (201) 808-8148
Date Work Performed: March 2015
Brief Description of Work: Interior renovation, rewired, added addition & bathroom, interior framing

Reference No.3

Name: Long Standing Street Address: 1118 W Lynwood Phone Number: 569-0669
Date Work Performed: JAN 2015
Brief Description of Work: Roof, foundation, electrical, insulation, HVAC, plumbing, refinished wood flooring

SITE WORKERS

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

- 1. Sharilyn Dewey
- 2. Mark Short
- 3. James Moore
- 4. Ramon Suarez
- 5. Mark Wrigley
- 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 1st day of July, 2015.

Yubem Knowlton
Applicant
on behalf of
Montelongo Design Build, LLC
Hempstead



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/12/2015 3:01 PM

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 Kraft Lake 28120 Us Hwy 281 N Suite 101B SAN ANTONIO, TX 78260	CONTACT NAME: Whitney Rambie PHONE (A/C, No, Ext): 8309806380 FAX (A/C, No): 2105696283 E-MAIL ADDRESS: wrambie@farmersagent.com	
	PRODUCER CUSTOMER ID #:	
INSURED Montelongo Longoria Design Build, llc, DBA: Montelongo Longoria 816 Camaron St sute 1.09 San Antonio, TX 78212	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Security National Insurance Company	NAIC # 19879
	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	ADDITIONAL INSURER	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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			NA109921000	1/9/2015	1/9/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
	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						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"/> DEDUCTIBLE <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	N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> 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)
remodel properties, interior carpentry, replace flooring, plumbing fixtures, painting, install new windows

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

Residential Building Contractor

New Homes, Additions, Structural Remodels - Accessory > 400 sq ft
Registered with the City of San Antonio

MONTEL ONGO LONGORIA
MARK C. SHORT

Registr #: **H-924893**

Exp Date: **1/30/2017**

Roderick J. Sanchez
Director, Planning & Development Services



