



e 1:45 pm

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: Nussel Contracting, LLC, Chris Nussel
Address: PO Box 151842 City: Austin Zip: 78715
Phone: 512-563-0019 Cell: _____
E-mail chris@nusselcontractingllc.com Fax: _____
State License Number: N/A Expiration: N/A

COMPANY INFORMATION

Name: Nussel Contracting, LLC
Address: PO Box 151842 City: Austin Zip: 78715
Phone: 512-563-0019 Cell: _____
E-mail chris@nusselcontractingllc.com Fax: _____
Contractor License Holder: N/A

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: Delores Czum Street Address: 11810 Marchica Phone Number: 512-801-0956
Date Work Performed: 2-24-15
Brief Description of Work: Furniture build and repair, Remodeling.

Reference No.2

Name: Steve Winters Street Address: 5201 Ave H. Phone Number: 812-565-1226
Date Work Performed: New home 2010
Brief Description of Work: New home construction.

Reference No.3

Name: 0224 GUNTERO Street Address: 270 Teal Phone Number: 512-799-0986
Date Work Performed: 2012
Brief Description of Work: New home construction.

SITE WORKERS

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

- 1. Chris Nussel
- 2. Gary Wallingford
- 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 27 day of July, 2015.

[Signature]
Applicant

Texas

USA
TX

DRIVER LICENSE



4d DL [REDACTED] 9 Class **C**
4e Iss **12/09/2014** 4b Exp **07/30/2016**
3 DOB [REDACTED]
1 **NUSSEL**
2 **CHRISTOPHER R**
8 **311 OAK FOREST COVE**
BUDA TX 78610
12 Restrictions **NONE** 9e End **NONE**
16 Hgt **6-03** 15 Sex **M** 18 Eyes **BLU**
5 DD **28619481025039738230**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/27/2015

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 Safe Beacon Insurance 1901 E. Palm Valley Blvd Round Rock TX 78664	CONTACT NAME: Helen Bartholomew PHONE (A/C, No, Ext): (512) 535-1918 FAX (A/C, No): (512) 535-2834 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Nussel Contracting, LLC P O Box 151842 Austin TX 78715	INSURER A: Maxum Indemnity Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1572700778 **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 INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BDG0050867-05	7/14/2015	7/14/2016	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	<input type="checkbox"/> OCCUR						AGGREGATE	\$	
	EXCESS LIAB							\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED							\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			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 **CUSTOMER COPY**	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 Helen Bartholomew/HRB <i>Helen Bartholomew</i>

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