



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: MIKE OLDMIXON
 Address: 151 OGDHAM LN. City: WIMBERLEY Zip: 78676
 Phone: 512-748-7671 Cell: SAME
 E-mail: MIKEOLDMIXON@YAHOO.COM Fax: N/A.
 State License Number: 14654 M.E. Expiration: 5/22/2016
18879 EC. Expiration: 9/5/2016

COMPANY INFORMATION

Name: (DEC.) OLDMIXON ELECTRICAL CONTRACTING, LLC
 Address: P.O. BOX 1412 City: WIMBERLEY Zip: 78676
 Phone: 512-842-2233 Cell: —
 E-mail: MIKEOLDMIXON@YAHOO.COM Fax: —
 Contractor License Holder: SELF

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: (Jim KCAUSE)
JK MAINTENANCE Street Address: WINBELEY Phone Number: 512-618-7917
Date Work Performed: 7/2015
Brief Description of Work: COMPLETE REWIRE OF SINGLE FAMILY HOME, INCLUDING NEW SERVICE, SUBPANELS, WIRING, BOXES & DEVICES.

Reference No.2

Name: KEVIN HOWERS Street Address: WINBELEY Phone Number: 512-626-4973
Date Work Performed: 6/2015
Brief Description of Work: REWIRE of KITCHEN REMODEL, ELECTRICAL WORK IN ADDITIONS AND RENOVATIONS.

Reference No.3

Name: JENNIFER ROE
WIN. DENTAL CENT. Street Address: WINBELEY Phone Number: 512-847-8734
Date Work Performed: 1/2015
Brief Description of Work: TRUBLE SHOOTING OF OUTLETS, LIGHTS & EQUIPMENT.

SITE WORKERS

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

- 1. GARY ALLEN
- 2. BRIAN GRASSO
- 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 17 day of AUGUST, 2015.

[Signature]
Applicant

Texas

USA
TX

DRIVER LICENSE

Commissioner



Michael Louis Oldmixon

4d DL [REDACTED] 9 Class CM
 4a Iss 12/19/2012 4b Exp 05/17/2018
 1 DOB [REDACTED]
 2 OLDMIXON
 3 MICHAEL LOUIS
 6 151 OLDHAM LN.
 WIMBERLEY TX 78676
 12 Restrictions NONE 9a Cnd NONE
 16 Hgt 6-00 15 Sex M 18 Eyes BLU
 5 DD 45619281025139808452



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/18/2015

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 CCIM, Inc dba Capitol City Ins and The Insurance Store 8030 N Mopac Austin TX 78759	CONTACT NAME: Trudy Wolford PHONE (A/C, No, Ext): (512) 343-0280 FAX (A/C, No): (512) 343-0352 E-MAIL ADDRESS: trudyw@ccinsurance.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Republic Lloyds</td> <td>19208</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Republic Lloyds	19208	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER E :														
INSURER F :														
INSURED OLDMIXON ELECTRICAL CONTRACTING P O BOX 1412 WIMBERLEY TX 78676														

COVERAGES **CERTIFICATE NUMBER: 15-16** **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	<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 OTHER:			5509877	1/7/2015	1/7/2016	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Republic PLUS \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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"/> EXCESS LIAB <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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 12111 RR 12 #114 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 Dwayne Baker/TRUDY
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