

WIMBERLEY
FL 34983
@ 10:42am

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: GREGORY JORDAN

Address: 7776 GAGE LANE City: WIMBERLEY Zip: 78676

Phone: 512-847-5507 Cell: 512-557-4790

E-mail: GREG@CMOUNTAIN.COM Fax: N/A

State License Number: _____ Expiration: _____

COMPANY INFORMATION

Name: CMOUNTAIN HOMES

Address: 7776 GAGE LANE City: WIMBERLEY Zip: 78676

Phone: 512-847-5507 Cell: 512-557-4790

E-mail: GREG@CMOUNTAIN.COM Fax: _____

Contractor License Holder: GREGORY JORDAN

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: DR JOE VITALE Street Address: 121 CANYON GAP Phone Number: 512-461-9122
Date Work Performed: 1-1-14 TO 9-1-14 AND 2-1-15 TO 3-1-15
Brief Description of Work: BATHROOM REMODEL, POOL DECK REMODEL

Reference No.2

Name: BRYANT SLOTER Street Address: 3000 RED CORRAL RANCH RD Phone Number: 830-833-2330
Date Work Performed: 2006, 2007, 2012, 2015
Brief Description of Work: CABIN REMODEL, ADDITION OF SUNROOM + SITTING ROOM TO ORIGINAL HOUSE, CONVERSION OF GARAGE TO LIVING SPACE, ADDITION OF ART DISPLAY STUDIO TO MAIN HOUSE

Reference No.3

Name: JENNY CLARK Street Address: 1200 HASCHKE LN Phone Number: 512-565-2629
Date Work Performed: 2002, 2003, 2005, 2010 THROUGH 2013
Brief Description of Work: EVERYTHING IMAGINABLE, CABINET WORK, INSTALL RAINWATER COLLECTION, APARTMENT REMODELING, ERECTION OF CARPORT + STORAGE BUILDINGS, ERECTION OF BARN + WOOD STORAGE BUILDING + MANY MORE MINOR PROJECTS
SITE WORKERS

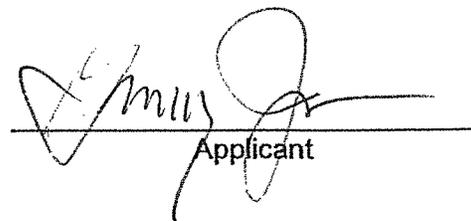
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

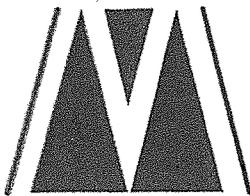
1. ATA ELECTRICAL
2. BOBBY TRAPP PLUMBING
3. FISCHER A/C + HEATING
4. NATIVE TEXAN PAINTING
5. CELIS DRYWALL + PAINTING
6. BUDDY L CONSTRUCTION
7. CAPSTONE ELECTRIC
8. _____
9. _____
10. _____

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 3 day of JULY, 2015.


Applicant



MID-CONTINENT CASUALTY COMPANY

P. O. Box 1409 - Tulsa, Oklahoma 74101
COMMERCIAL GENERAL LIABILITY POLICY
DECLARATION

Policy No.	04-GL-000928670
Renewal of	04-GL-000902133

Named Insured and Mailing Address	Agent Name and Mailing Address
GREG JORDAN DBA OMOUNTAIN ENTERPRISES & OMOUNTAIN HOMES 7776 GAGE LANE WIMBERLEY TX 78676	CAPITOL CITY INSURANCE 42-0979 MANAGERS - HOMEBUILDERS 8030 N MOPAC EXPRESSWAY AUSTIN TX 78759

POLICY PERIOD: FROM 05/09/2015 TO 05/09/2016 at 12:01 A.M. Standard Time at your mailing address shown above

THE NAMED INSURED IS INDIVIDUAL

BUSINESS DESCRIPTION: RESIDENTIAL GENERAL CONTRACTOR

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ <u>2,860.00</u>
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART	\$ _____
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART	\$ _____
RAILROAD PROTECTIVE LIABILITY COVERAGE PART	\$ _____
SURCHARGE / TAXES (if applicable)	\$ _____
TOTAL	\$ <u>2,860.00</u>

REPORTING BASIS: ANNUAL

Form(s) and Endorsement(s) made a part of this policy at this time*:

CG0300(01/96)	CG2134(01/87)	ML1188(06/02)	ML1189(06/02)	ML1191(04/00)	ML1439(11/04)
ML1344(11/04)	ML1288(07/05)	MI9065(02/07)	MI9059(04/04)	MI9046(06/10)	MI9014(01/14)
MI9002(06/00)	IL0275(11/13)	IL0168(09/08)	IL0021(09/08)	IL0017(11/98)	CG2639(12/07)
CG2426(04/13)	CG2196(03/05)	CG2107(05/14)	CG0103(06/06)	CG0001(04/13)	ML1217(02/10)
ML1125(06/02)	ML1001(11/04)	CG2294(10/01)	CG2135(10/01)		

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Countersigned at: AUSTIN TX

Date: 02/09/2015

By *Duane Baker*
Authorized Representative

COMMERCIAL GENERAL LIABILITY COVERAGE PART

DECLARATION

Effective Date: 05/09/2015 **

12:01 A.M. Standard Time

Policy No. 04-GL-000928670

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products - Completed Operations)	\$	1,000,000	
Products-Completed Operations Aggregate Limit	\$	1,000,000	
Personal and Advertising Injury Limit	\$	500,000	
Each Occurrence Limit	\$	500,000	
Damage to Premises Rented To You	\$	100,000	Any One Premises
Medical Expense Limit	\$	EXCLUDED	Any One Person

BUSINESS DESCRIPTION AND LOCATION OF PREMISES

Form of Business: **INDIVIDUAL**

Business Description*: **RESIDENTIAL GENERAL CONTRACTOR**

Location of All Premises You Own, Rent or Occupy:

PREMIUM

Location Classification	Code No.	Premium Basis		Rate		Advance Premium	
		A)Area P)Payroll S)Gross Sales M)Admissions	C)Cost U)Per Unit T)See Desc.	Pr/Co	All Other	Pr/Co	All Other
TEXAS							
Homebuilders Program - General Contractor - Premises/Operations	900500	P)	50,000		49.482		2,474.
Homebuilders Program - General Contractor - Products/Completed Operations	900501	S)	250,000	1.543		386.	

Minimum Premiums

All Other

Pr/Co

Policywriting

\$500

Total Advance Premium

\$ 386.

\$ 2,474.

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

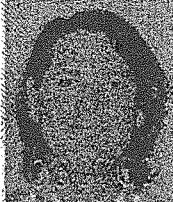
Forms and Endorsements applying to the Coverage Part and made part of this policy at time of issue:

*Information omitted if shown elsewhere in the policy.

**Inclusion of date optional.

These declarations are part of the policy declarations containing the name of the insured and the policy period.

DRIVER LICENSE



4a DL [REDACTED] 5. Class **C**
4a Iss **06/15/2011** 4b Exp **03/07/2017**
3 DOB [REDACTED]
1 **JORDAN**
2 **GREGORY**
4 7776 GAGE LN
WIMBERLEY TX 78676-0000
12 Restrictions **NONE** 9a End **NONE**
1b Hgt **6-00** 1c Sex **M** 1d Eyes **BLU**
5 DD 24611180161125508818

[Signature]