



# 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: Johnny Lewallen

Address: 2206 Old Ranch Road 12 Suite E City: San Marcos Zip: 78666

Phone: 512-667-6665 Cell: 512-262-8087

E-mail: RedoakhomesTx@Austin,rr.com Fax: 512-667-6779

State License Number: NA Expiration: NA

COMPANY INFORMATION

Name: Red Oak Homes LLC

Address: 2206 Old Ranch Road 12 Suite E City: San Marcos Zip: 78666

Phone: 512-667-6665 Cell: 512-262-8087

E-mail: RedoakhomesTx@Austin,rr.com Fax: 512-667-6779

Contractor License Holder: NA

*Texas* TX

**DRIVER LICENSE**



4a DL [REDACTED] 5 Class **CM**  
 4b Iss **02/27/2013** 4b Exp **02/16/2020**  
 1 DOB [REDACTED]  
 1 **LEWALLEN**  
 2 **JOHNNY RAY**  
 8 1010 APPALACHIAN TRL  
 SAN MARCOS TX 78666-0000

12 Restrictions **NONE** 9a End **NONE**  
 16 Hgt **5-11** 16 Sex **M** 16 Eyes **BRO**  
 5 DD **02611380120227918262**



*Red Oak Homes LLC*  
 New Home Building and Remodeling  
 2206 Old Ranch Road 12 Suite E  
 San Marcos, Texas 78666

**Johnny Lewallen**  
 Office 512-667-6665  
 Mobile 512-262-8087  
 RedOakHomesTx@Austin.rr.com  
 RedOakHomesTx.com



*Red Oak Homes LLC*  
 New Home Building and Remodeling  
 2206 Old Ranch Road 12 Suite E  
 San Marcos, Texas 78666

**Jeanne Rau**  
 Sales / Design  
 Office 512-667-6665  
 Mobile 830-837-0535  
 RedOakHomesTx@Austin.rr.com  
 RedOakHomesTx.com

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: Jose Carrera Street Address: 132 Fox Ridge Phone Number: 830-822-8868  
Date Work Performed: 11-2015  
Brief Description of Work: Remodel rear of home, 100% new windows and siding, New Concrete Patios

Reference No.2

Name: Andrew Corroll Street Address: 1503 Parkview Phone Number: 512-749-8860  
Date Work Performed: 11-2015  
Brief Description of Work: Remodel Bathroom

Reference No.3

Name: Johnny Farrell Street Address: 1209 Franklin Phone Number: 512-392-7813  
Date Work Performed: 11-2015  
Brief Description of Work: Repair Entry Structure wall and Install New metal Gate

SITE WORKERS

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

1. Johnny Lewallen
2. Jessie Row
3. Arstrong Quality Construction - Framing
4. Franklin Drywall - Sheetrock & Paint
5. Modern Electric
6. David Lanensky - Plumbing, Elect, AC
7. Myers Concrete
8. Swk Concrete
9. Corey Construction - Roofing
10. Hoffman Flooring  
Absolute masonry - stone, brick, stucco  
Charles Rochuberte - Plumber  
Architect.

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 11 day of November, 2015.

Johnny Lewallen  
Applicant  
Johnny Lewallen - owner



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/11/2015

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).

<b>PRODUCER</b> Templeton Insurance Agency 21120 Spring Towne Dr Spring, TX 77388	<b>CONTACT NAME:</b> Nikki Demny <b>PHONE (A/C No. Ext.):</b> (281)360-4999 <b>E-MAIL ADDRESS:</b> Nikki.Demny@TempletonInsurance.net <b>FAX (A/C No.):</b> (832)482-3101
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> RED OAK HOMES LLC 2206 OLD RANCH RD 12 SUIT E SAN MARCOS, TX 78668	<b>INSURER A:</b> Essex Insurance Company
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 00000000-0      **REVISION NUMBER:** 1

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	ADD'L SUBR (INSR) (W/O)	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:		3EA4277	10/01/2015	10/01/2016	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 \$ 1,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB OCCUR 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**

**CANCELLATION**

RELEASED TO INSURED  
 RELEASED TO INSURED  
 RELEASED TO INSURED

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

(NRD)