

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

APPLICANT INFORMATION

Name: BILL LAMONT
Address: 140 WINDY MEADOWS DR. City: ~~SCHERTZ~~ Schertz Zip: TX 78154
Phone: 210/651-5744 Cell: 210/396-0462
E-mail: blamont@rivercitybuilderssa.com Fax: 210/651-5933
State License Number: _____ Expiration: _____

COMPANY INFORMATION

Name: RIVER CITY BUILDERS
Address: 140 WINDY MEADOWS DR. City: Schertz Zip: 78154
Phone: 210/651-5744 Cell: 210/396-0462
E-mail: blamont@rivercitybuilderssa.com Fax: 210/651-5933
Contractor License Holder: _____

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: ANANT PATEL Street Address: 844 E COMMERCIAL Phone Number: 281-1030
SAN ANTONIO, TX
Date Work Performed: CONTINUOUS
Brief Description of Work: INTERIOR FINISH WORK, MASONRY, General Contracting

Reference No.2

Name: CHARLIE ROBERTS Street Address: 1506 Hawks Meadow Phone Number: 20/859-6813
SAT
Date Work Performed: CONTINUOUS
Brief Description of Work: INTERIOR FINISH-OUT & GENERAL CONTRACTING DUTIES
FOR THE NEW 'MATTRESS' FIRM'S STORES

Reference No.3

Name: BOB CANALES Street Address: TRADER'S VILLAGE Phone Number: 210/355-3675
Date Work Performed: CONTINUOUS
Brief Description of Work: General contracting tasks through-out Park
in HOUSTON, DALLAS & SAN ANTONIO

SITE WORKERS

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

1. DAVID HELMER
2. ERIAN SHULTZ
3. KEVIN SHULTZ
4. ABRAHAM CARDENAS
5. BILL LAMONT
6. TAMMY LAMONT
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 15th day of July, 2015.

Bill Lamont
Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/15/2015

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).

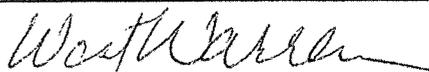
PRODUCER Wortham Insurance & Risk Management P.O. Box 795008 San Antonio, TX 78279 www.worthamsa.com		CONTACT NAME: (SA) Helen Rocamontes PHONE (A/C, No, Ext): 210-249-2319 FAX (A/C, No): 210-223-2806 E-MAIL ADDRESS: helen.rocamontes@worthaminsurance.com	
INSURED B&D Builders DBA River City Builders 140 Windy Meadows Drive Schertz TX 78154		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Cincinnati Insurance Company INSURER B : Texas Mutual Insurance Company 22945 INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 25586450** **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 SUBR INSD. WVD.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI Deductible \$1,000 GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER		EPP0044712	10/4/2014	10/4/2015	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 - COMPI/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		EBA0044712	10/4/2014	10/4/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$		EPP0044712	10/4/2014	10/4/2015	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	<input type="checkbox"/> 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 <input type="checkbox"/> N/A		TSF001194770	10/4/2014	10/4/2015	PER STATUTE OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> Inland Marine Leased & Rented Equipment		EPP0044712	10/4/2014	10/4/2015	Limit \$50,000 Ded. \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City Of Wimberley PO Box 2027 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 (SA) West Warren 
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ACORD 25 (2014/01)

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Texas

DRIVER LICENSE



DL [REDACTED] Class C
Iss 05/21/2013 Exp 05/22/2015

DOR [REDACTED]
LAMONT
WILLIAM MYLES JR

15848 N EVANS ROAD
SPRING TX 78154

Restrictions NONE 9a End NONE

Hgt 5-10 Sex M Eyes HAZ

DD 00311310152211900802

William M. Myles Jr.