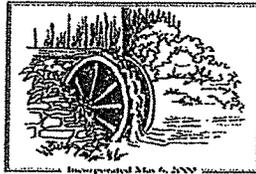


SEP 23 2015



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: BANKS Chrisum

Address: 30 F.M 3237 City: Wimberley Zip: 78676

Phone: _____ Cell: 830-591-6099

E-mail: bchisum@outlook.com Fax: _____

State License Number: _____ Expiration: _____

COMPANY INFORMATION

Name: Riverside Construction, LLC

Address: P.O. Box 1371 City: Wimberley Zip: 78676

Phone: 512-395-7771 Cell: _____

E-mail: bchisum@outlook.com Fax: _____

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: Jimmy Fife Street Address: _____ Phone Number: 512-589-380
Date Work Performed: _____
Brief Description of Work: Residential Home Construction
Blanco BANK Loan Officer

Reference No.2

Name: Charles Roccaforte Street Address: _____ Phone Number: 512-897-088
Date Work Performed: _____
Brief Description of Work: Residential Home - Architectural Plans

Reference No.3

Name: Kel Vance Street Address: 25 Wood Glen Phone Number: 512-796-4110
Date Work Performed: JAN 15 - APRIL 2015
Brief Description of Work: Home Owner

SITE WORKERS

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

1. John Michael Nasso - JMN Concrete LLC
2. Alex Garcia - Framing -
3. Bobby Trap - Plumbing
4. Theo Vassilov - A.J.A Electrical
5. J & S Air
6. Alex Chavez - Roofing
7. D'Laer Dry Wall - LLC
8. Rodriguez - Painting - LLC
9. Builders - First Source
10. USI Chase Sub Contractors

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 23 day of September, 2015.

Banks Chisum
Applicant

Texas

USA
TX

UNDER 21
DRIVER LICENSE

David C. Miller Director

UNDER 21 UNTIL
10/07/2017



Class: A

4d DL. [REDACTED]

3 DOS [REDACTED]

Johnathan Banks

4a Iss 10/08/2014 4b Exp 10/07/2020

1 CHISUM

2 JOHNATHAN BANKS

8 306 PA 3237
WIMBENLEY TX 78676

12 Restrictions R

9a End NONE

16 Hgt 6-00 16 Sex M 18 Eyes GRN

5 DD 09611481104033008566





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/22/2015

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 DeMasters-Daniel Ins Agency Inc. PO Box 2249 Wimberley TX 78676	CONTACT NAME: Angie Dahl	FAX (A/C, No.): (512) 847-2107
	PHONE (A/C, No., Ext): (512) 847-5549	E-MAIL ADDRESS: info@dd-ins.net
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Contractors Bonding & Ins		37206
INSURED Riverside Construction, LLC Banks Chisum PO Box 1371 Wimberley TX 78676-	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

COVERAGES CERTIFICATE NUMBER: 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.

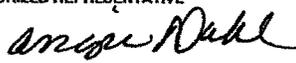
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			C11SK6207	09/22/2015	09/22/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$
	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 \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE 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						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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

CANCELLATION

AI 001310

City of Wimberley PO Box 2027 Wimberley TX 78676-	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 
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