



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.
- d. Name and address of the contractor's registered agent (if applicable)

APPLICANT INFORMATION

Name: Russell Boeing
Address: 802 John Knox Rd City: Fischer Zip: 78623
Phone: 210-830-935-4704 Cell: 210-822-232-1870
E-mail: Annabtex@yahoo.com Fax: 210-547-7966
State License Number: N/A Expiration: _____

COMPANY INFORMATION

Name: Roadrunner Construction
Address: Same City: _____ Zip: _____
Phone: _____ Cell: _____
E-mail: _____ Fax: _____
Contractor License Holder: N/A

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: Lyn Flocke Street Address: 2200 Flite Axis Phone Number: 912-722-3247
Date Work Performed: 2013
Brief Description of Work: Kitchen Remodel

Reference No.2

Name: Patricia Kelly Street Address: 206 Blanco Dr Phone Number: 361-550-5334
Date Work Performed: 2014
Brief Description of Work: Kitchen Remodel

Reference No.3

Name: Michael Beagle Street Address: 40 Marina Cir Phone Number: 281-723-2907
Date Work Performed: 2014
Brief Description of Work: Kitchen Remodel

SITE WORKERS

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

- 1. Russell Boring
- 2. Chris Boring
- 3. Chad Ross
- 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 12 day of July, 2015.

Russell Boring
Applicant



One Tower Square, Hartford, Connecticut 06183

COMMON POLICY DECLARATIONS
CONTRACTORS PAC
BUSINESS: COUNTER TOP INS

POLICY NO.: 680-7333C219-14-42
ISSUE DATE: 07/18/2014

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY

1. NAMED INSURED AND MAILING ADDRESS:

RUSSELL BORING
DBA ROADRUNNER CONSTRUCTION
802 JOHN KNOX RD
FISCHER TX 78623-2411

2. POLICY PERIOD: From 08/30/2014 to 08/30/2015 12:01 A.M. Standard Time at your mailing address.

3. DESCRIPTION OF PREMISES:

PREM. LOC. NO.	BLDG. NO.	OCCUPANCY	ADDRESS
001	001	COUNTER TOP INS	(same as Mailing Address unless specified otherwise) 802 JOHN KNOX RD FISCHER TX 78623

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS and SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	IND
Commercial Inland Marine Coverage Part	IND

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
--------	---------------	------------------

DIRECT BILL

7. PREMIUM SUMMARY:

SUBJECT TO AUDIT

Provisional Premium	\$	1,775.00
Due at Inception	\$	1,775.00
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

HOWELL SCHMIDT INS INVES VJ525
1619 E COMMON ST STE B 20

NEW BRAUNFELS TX 78130

IL TO 19 02 05 (Page 1 of 01)

Office: HOUSTON TX DOWN

COUNTERSIGNED BY:

Authorized Representative

DATE: 07/18/2014





One Tower Square, Hartford, Connecticut 06183

BUSINESSOWNERS COVERAGE PART DECLARATIONS

CONTRACTORS PAC

POLICY NO.: 680-7333C219-14-42

ISSUE DATE: 07/18/2014

INSURING COMPANY:

THE TRAVELERS INDEMNITY COMPANY

POLICY PERIOD:

From 08-30-14 to 08-30-15 12:01 A.M. Standard Time at your mailing address

FORM OF BUSINESS: INDIVIDUAL

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS OF INSURANCE
General Aggregate (except Products-Completed Operations Limit)	\$ 2,000,000
Products-completed Operations Aggregate Limit	\$ 2,000,000
Personal and Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage to Premises Rented to You	\$ 300,000
Medical Payments Limit (any one person)	\$ 5,000

BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage:
Building Glass:

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Not Covered

ADDITIONAL COVERAGE:

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

MP T0 01 02 05 (Page 1 of 1)



Texas

USA
TX

DRIVER LICENSE



Russell Boring

4d DL [REDACTED] 9 Class **CM**
4a Iss **01/28/2015** 4b Exp **11/16/2020**
3: DOB [REDACTED]
1 **BORING**
2 **RUSSELL LEE**
6 **802 JOHN KNOX RD**
FISCHER TX 78623-0000
12 Restrictions **A** 9a End **NONE**
16 Hgt **6-00** 15 Sex **M** 18 Eyes **HAZ**
5 **DD 04619580012258208691**