

RECEIVED
AUG 31 2015
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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) *em*
- d. Name and address of the contractor's registered agent (if applicable) (Not submitted) *em*

APPLICANT INFORMATION

Name: Robert Allison

Address: 2223 Jennifer Ln City: Blanco Zip: 78606

Phone: 210-421-5467 Cell: 210-421-5467

E-mail: rallison1998@yahoo.com Fax: _____

State License Number: 13436443 Expiration: _____

COMPANY INFORMATION

Name: Robert Allison Custom Homes, LLC

Address: P.O. Box 312503 City: New Braunfels Zip: 78131

Phone: 210-421-5467 Cell: 210-421-5467

E-mail: rallison1998@yahoo.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: Cliff & Lois Raymond Street Address: 14 Meridian St Phone Number: 281 - 782 - 9610
Date Work Performed: 06/2014
Brief Description of Work: residential new construction
4043 SF 3 Bedroom, 2 1/2 Bath, 2 Car Garage

Reference No.2

Name: Larry & Shirley Meeks Street Address: 16 Meridian St Phone Number: 512 - 607 - 4477
Date Work Performed: 10/2009
Brief Description of Work: residential new construction
4150 SF 3 Bedroom, 2 1/2 Bath, 3 Car Garage

Reference No.3

Name: Jeremy & Debi Smith Street Address: 770 Allison Ln San Marcos Phone Number: 512 - 626 - 3903
Date Work Performed: 05/2010
Brief Description of Work: residential new construction
7852 SF 4 Bedroom, 5 Bath, 4 Car Garage

SITE WORKERS

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

- 1. _____
- 2. _____
- 3. _____
- 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 1 day of Sept., 2015.

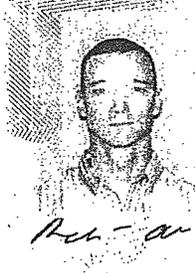
[Signature]
Applicant

Texas

USA
TX

DRIVER LICENSE

Director



4d DL [REDACTED] 9 Class C
 4c Res 01/24/2014 4e Exp 02/12/2020
 3 DOB [REDACTED]
 1 ALLISON
 2 ROBERT JOEL
 8 111 LILY ST
 SPRING BRANCH TX 78070-0000
 12 Restrictions A 9a End NONE
 16 Hgt 6-02 15 Sex M 18 Eyes BLU
 5 DD 08619480015204328310



CERTIFICATE OF LIABILITY INSURANCE

ALLIS-1 OP ID: KM

DATE (MM/DD/YYYY)
09/10/2014

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 Whitaker Ins. Assoc., Inc. 8626 Tesoro Drive #310 San Antonio, TX 78217 Don Whitaker	CONTACT NAME: Don Whitaker PHONE (A/C, No, Ext): 210-824-3777 E-MAIL ADDRESS: don@whitakerins.com	FAX (A/C, No): 210-824-7007
	INSURER(S) AFFORDING COVERAGE	
INSURED Robert Allison Custom Homes, LLC P. O. Box 312503 New Braunfels, TX 78131	INSURER A: Mid Continent Casualty Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		BINDER	09/10/2014	09/10/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ excluded 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> 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**

CITY OF NEW BRAUNFELS 425 S Castell Ave NEW BRAUNFELS, TX 78130	NEWBR-1	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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