



**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) *(Not submitted)*

APPLICANT INFORMATION

Name: SCOTT VAUGHAN
Address: 505 RIVER BEND RD. City: Wimberley Zip: 78676
Phone: 512-392-0900 Cell: *512-757-1605
E-mail: scott@signcrafters.net Fax: 512-392-3363
State License Number: 18033 Expiration: 6/18/2016

COMPANY INFORMATION

Name: SIGN CRAFTERS, INC.
Address: 2401 I-35 S. City: SAN MARCOS Zip: 78666
Phone: 512-392-0900 Cell: 512-757-1605
E-mail: scott@signcrafters.net Fax: 512-392-3363
Contractor License Holder: SCOTT VAUGHAN

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: NA Street Address: _____ Phone Number: _____
Date Work Performed: _____
Brief Description of Work: _____

Reference No.2

Name: NA Street Address: _____ Phone Number: _____
Date Work Performed: _____
Brief Description of Work: _____

Reference No.3

Name: NA Street Address: _____ Phone Number: _____
Date Work Performed: _____
Brief Description of Work: _____

SITE WORKERS

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

1. LAZARO GARCIA CONSTRUCTION
2. DUNCAN MCCULLEY ELECTRIC
3. KEN COLEMANE CONCRETE WORKS
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 25 day of FEB, 2016.

Scott Vaughan
Applicant

USA
TX

Texas

DRIVER LICENSE



10/25

Scott Vaughan

4d DL [REDACTED] 9 Class **C**

1p Iss **08/31/2012** 4b Exp **09/12/2018**

3 JOB [REDACTED]

1 **VAUGHAN,**

2 **SCOTT ARMOUR**

6 **505 RIVER BEND**
WIMBERLEY TX 78676-0000

12 Restrictions **NONE** 9a End **NONE**

16 Hgt **5-08** 15 Sex **M** 18 Eyes **BLU**

5 DD **72611280180351288758**

STATE OF TEXAS
SCOTT A VAUGHAN

MASTER SIGN ELECTRICIAN



LICENSE NUMBER 82933
EXPIRES 01/06/2017

TEXAS DEPARTMENT OF LICENSING AND REGULATION

STATE OF TEXAS
SIGN CRAFTERS INC

ELECTRICAL SIGN CONTRACTOR



LICENSE NUMBER 18033
EXPIRES 06/18/2016

TEXAS DEPARTMENT OF LICENSING AND REGULATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/25/2016

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 Pflugerville Insurance Agency, LLC dba Jimmie Connolly Co. 103 E. Main St. Pflugerville TX 78660	CONTACT NAME: Jeffery P. Kuhl - agent PHONE (A/C, No, Ext): 512-251-4137 E-MAIL ADDRESS: dwatkins@jccins.com	FAX (A/C, No): 512-442-2545
	INSURER(S) AFFORDING COVERAGE	
INSURED Sign Crafters Inc 2401 IH 35 South San Marcos TX 78666	SIGNC-1	
	INSURER A: Milwaukee Casualty Ins Co	NAIC # 26662
	INSURER B: Texas Mutual Ins Co	NAIC # 22945
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 34299904 **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MPP1007370	9/1/2015	9/1/2016	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	\$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			MPP1007370	9/1/2015	9/1/2016	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 <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			KMB1001187	9/1/2015	9/1/2016	EACH OCCURRENCE	\$2,000,000
							AGGREGATE	\$2,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			TSF0001107304	6/29/2015	6/29/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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"/> Garagekeepers Liability - Primary Direct Basis			MPP1007370	9/1/2015	9/1/2016	Limit	\$150,000
							Collision	\$500 ded
							Comprehensive	\$500 ded

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

Excluded Proprietor/Partner/Executive Officer/Members: Sarah Vaughan; Scott Vaughan.

Coverage applies as outlined in attached forms #33-0861; CG 20 37 04 13; 33-0712 01 04; CA990187 10 13; and WC 42 03 04 B.

CERTIFICATE HOLDER City of Wimberley P O 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 
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