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OCT 14 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) cu*
- d. Name and address of the contractor's registered agent (if applicable) *(Not submitted) cu*

### APPLICANT INFORMATION

Name: MARK RAWLINGS

Address: 101 ARMSTRONG COVE City: BUDA Zip: 78610

Phone: (512) 789-3328 Cell: (512) 789-3328

E-mail: SCS@AUSTIN,RR.COM Fax: (512) 848-3964

State License Number: N/A Expiration: N/A

### COMPANY INFORMATION

Name: SYNDICATED CONTRACTING SERVICES, LLC

Address: 101 ARMSTRONG COVE City: BUDA Zip: 78610

Phone: (512) 789-3328 Cell: (512) 789-3328

E-mail: SCS@AUSTIN,RR.COM Fax: (512) 848-3964

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: JEFF TRIGGER Street Address: 1214 W. 6TH AUSTIN Phone Number: (512) 748-7828  
Date Work Performed: 1999-2014  
Brief Description of Work: DESIGN BUILD RESTORATION OF THE DRISKILL HOTEL IN AUSTIN. RESTORATION OF THE ST. ANTHONY HOTEL IN SAN ANTONIO WORK IN EXCESS OF 20 MILLION DOLLARS

Reference No.2

Name: JAMES WALSH Street Address: QUINPEN COVE Phone Number: (512) 619-2484  
Date Work Performed: 2000-2014  
Brief Description of Work: REMODEL OF BARTON CREEK RESORT IN AUSTIN TEXAS PROJECTS IN EXCESS OF 5 MILLION DOLLARS

Reference No.3

Name: ERIN HOGAN Street Address: 787 LITTLE BEAR Phone Number: (512) 641-7351  
Date Work Performed: AUG-SEPT 2014 2015  
Brief Description of Work: RESTORATION OF FLOODED HOME

SITE WORKERS

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

- 1. MARK RAWLINGS
- 2. TRAVIS BUDD
- 3. SCOTT DEVORE
- 4. THOMAS SCHUBERT
- 5. PAUL BENEVIDEZ
- 6. ADAM HOSKINS
- 7. WESLEY WAMACK
- 8. JOHN JESTEPP
- 9. KEVIN WISSEN
- 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 6<sup>TH</sup> day of OCTOBER, 2015.

[Signature]  
Applicant

Texas

USA  
TX

DRIVER LICENSE



4d DL [REDACTED]  
4a Iss: 08/03/2009 9 Class C  
3 DOB [REDACTED] 4b Exp: 06/24/2016  
1 RAWLINGS  
2 MARK PATRICK  
8 101 ARMSTRONG COVE  
BUDA TX 78610  
12 Restrictions NONE 13 End NONE  
16 Hgt 6-01 15 Sex M 18 Eyes BLU  
5 DD 1860998000502301530

*MPJ*



# ESSEX INSURANCE COMPANY

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER: 3DY1113

"X" If Supplemental Declarations Is Attached

RETROACTIVE DATE	
THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.	
RETROACTIVE DATE:	NONE
(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)	

LIMITS OF INSURANCE		
General Aggregate Limit (other than Products/Completed Operations)	\$2,000,000	
Products/Completed Operations Aggregate Limit	\$1,000,000	
Personal and Advertising Injury Limit	\$1,000,000	Any One Person or Organization
Each Occurrence Limit	\$1,000,000	
Damage to Premises Rented to You Limit	\$100,000	Any One Premises
Medical Expense Limit	\$5,000	Any One Person

ALL PREMISES YOU OWN, RENT OR OCCUPY		
Loc No.	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY	
01	101 Armstrong Cove	Buda TX 78610

CLASSIFICATION AND PREMIUM									
Loc No.	Code No. Classification	Rating Basis	*Premium Basis	Other Basis	Rate		Advance Premium		
					Pr/Co	All Other	Pr/Co	All Other	
1	91580 CONTRACTORS - EXECUTIVE SUPERVISORS OR EXECUTIVE SUPERINTENDENTS	Gross Sales*	250,000		INCLUDED	8.38	\$INCLUDED	\$ 2,500.00	MP
1	91583 CONTRACTORS - SUBCONTRACTED WORK - IN CONNECTION WITH BUILDING CONSTRUCTION, RECONSTRUCTION, REPAIR OR ERECTION - ONE OR TWO FAMILY DWELLINGS	INCLUDED	INCLUDED		INCLUDED	INCLUDED	\$INCLUDED	\$INCLUDED	
1	91585 CONTRACTORS - SUBCONTRACTED WORK - IN CONNECTION WITH CONSTRUCTION, RECONSTRUCTION, REPAIR OR ERECTION OF BUILDINGS- NOT OTHERWISE CLASSIFIED	INCLUDED	INCLUDED		INCLUDED	INCLUDED	\$INCLUDED	\$INCLUDED	
*(a) Area Receipts (e) Each (o) Other *(c) Total Cost (o) Other *(m) Admissions *(p) Payroll *(s) Gross Sales (u) Units *(r) Gross								<b>Total Advance Premium</b>	\$ 2,500.00 MP
Premium Basis identified with a "*" is per 1000 of selected basis.									

These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.

FORMS AND ENDORSEMENTS
SEE FORMS SCHEDULE - MDIL 1001