

## 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: Chris SCHATTE  
Address: 13501 RR 12 City: WIMBERLEY, TX Zip: 78676  
Phone: 512 801 5732 Cell: 512 801 5732  
E-mail: TAYLORDHOMES@AOL.COM Fax: 512 847 9617  
State License Number: TRCC - Expiration: \_\_\_\_\_

COMPANY INFORMATION

Name: TAYLOR<sup>D</sup> HOMES LLC  
Address: 13501 RR 12 Ste 103 City: WIMBERLEY TX Zip: 78676  
Phone: 512 801 5732 Cell: 512 801 5732  
E-mail: TAYLORDHOMES@AOL.COM Fax: 512 847 9617  
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: MIKE + BOSTRY MONTGOMERY Street Address: 821 SOUTH RIVER Phone Number: 512 801-5732  
Date Work Performed: 2011  
Brief Description of Work: REMODEL ENTIRE HOUSE, CUSTOM FINISH DECK, DECK, KITCHEN, MASTER SUITE, WOOD FLOORING CUSTOM FINISH

**Reference No.2**

Name: SHAWN CHIKIST STEVEN Street Address: AUGUSTA Phone Number: 770 324 2718  
Date Work Performed: 7/2014  
Brief Description of Work: CUSTOM HOME

**Reference No.3**

Name: ANNA GONZALEZ Street Address: 365 LANSING TRL Phone Number: 512 801 5732  
Date Work Performed: 1-1-2015 - 7-4-2015  
Brief Description of Work: REMODEL DOWN TO STUDS, OUTDOOR KITCHEN, PATIOS, CUSTOM FINISH OUT

**SITE WORKERS**

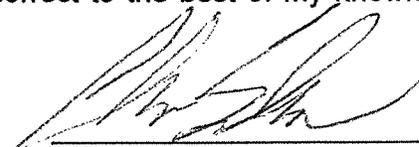
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

1. MODERN ELECTRIC WORKS
2. KCM PLUMBING
3. WOODS COMFORT SYSTEMS
4. ATX AIR
5. SUPERIOR PAINT & DRYWALL
6. BMC MILLWORK
7. BUD KOEHLER TRIM
8. RON'S FRAMING
9. WILLIAMS WOODWORK
10. GARY CHAMBERS

**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 6th day of JULY, 2015.

  
Applicant



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/19/2015

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).

<b>PRODUCER</b> Insurance Agency of San Marcos 112 North LBJ Drive PO Box 905 San Marcos, TX 78667 Curtis Painton	<b>CONTACT NAME:</b> Curtis Painton <b>PHONE (A/C, No, Ext):</b> 512-396-8290 <b>FAX (A/C, No):</b> 512-396-8296 <b>E-MAIL ADDRESS:</b> curtis@insagencyofsanmarcos.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> ESSEX INSURANCE CO <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
<b>INSURED</b> Taylor'd Homes LLC Chris Schatte 13510 RR12 #103 Wimberley, TX 78676	<b>NAIC #</b>

**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:		3DV4276 \$1000 DEDUCT PER CLAIM	11/08/2014	11/08/2015	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 \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <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 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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)

**GENERAL CONTRACTOR**

<b>CERTIFICATE HOLDER</b>  <b>FORINFO</b>  <b>FOR INFORMATION ONLY PURPOSES</b>	<b>CANCELLATION</b>  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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Texas

DRIVER LICENSE

USA  
TX



1a DL [REDACTED] 9 Class C  
1b Iss 07/28/2011 4b Exp 09/03/2016

3 DOB [REDACTED]  
1 SCHATTE  
2 CHRISTOPHER ANDREW

8 1500 FISCHER STORE RD  
WIMBERLEY TX 78676-0090

12 Restrictions NONE 9a Etn NONE

16 Hgt 5-10 15 Sex M 18 Eyes BRO

5 DD 54611180176258308328

*Christopher Andrew Schatte*