SEP 23 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 subcontractor)

d. Name and address of the contractor's registered agent (if applicable) (Not subcontractor)

APPLICANT INFORMATION

Name: Don Jordan

Address: 16212 Oxbow Trail City: Buda Zip: 78610

Phone: Cell: 512-563-0533

E-mail djordan45@gmail.com Fax:

State License Number: 09228297 Expiration: 12/22/2017

COMPANY INFORMATION

Name: Texas Property Services

Address: 16212 Oxbow Trail City: Buda Zip: 78610

Phone: Cell: 512-563-0533

E-mail djordan45@gmail.com Fax:

Contractor License Holder: Don Jordan

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: Jon Robertis Street Address: 504 W 33Rd Phone Number: 512-576-5025
Date Work Performed: Oct 2014
Brief Description of Work: Complete Remodel OF 850,000 Home

Reference No.2

Name: Mark & Mary Torgason Street Address: 16308 Fox Hollow Phone Number: 512-468-8419
Date Work Performed: 8-13 1st, 2nd 3-14, 3rd 10-14
Brief Description of Work: Add on, Remodel Kitchen, Remodel Second Floor

Reference No.3

Name: David Sweat Street Address: 2402 Jerry Ln Phone Number: 512-845-3864
Date Work Performed: 1st 11-12 2nd 8-14
Brief Description of Work: Complete Remodle of Bath Room 1 & 2

SITE WORKERS

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

1. Nathan Steininger
2. Bailey Rhoads
3. Aarron Chavez
4. Brad Hudgins
5. James Fowler
6. Adonald Garica
7. Coty Tucker
8. Joe Francis
9. Jamie Ramerage
10. Joel Martinez

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 16Th day of Sep., 2015.

[signature]
Applicant

Texas

USA
TX

COMMERCIAL
DRIVER LICENSE

4d CDL [redacted]

9 Class A

4a Iss 12/16/2013

4b Exp 12/22/2017

3 DOB [redacted]

1 JORDAN

2 DONALD BURTON

8 16212 OXBOW TRAIL
BUDA TX 78610-0000

12 Restrictions P

9a End TX

16 Hgt 5-10

15 Sex M

18 Eyes BLU

5 DD 276193811221061089 70

CERTIFICATE OF LIABILITY INSURANCE

9/14/2015

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).

PRODUCER
Matt Patterson Insurance Agency
222 E Hutchison
San Marcos, TX 78666

CONTACT NAME:
PHONE (A/C, No, Ext): 512-396-1234 FAX (A/C, No): 512-396-5548
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: Endurance Am Spec Ins Co.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
TEXAS PROPERTY SERVICES

16212 OXBOW TRL
BUDA, TX 78610

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			GL091115TX	09/11/15	09/11/16	EACH OCCURRENCE	$ 2,000,000
							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
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU-TORY LIMITS OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

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

© 1988-2010 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD