



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

APPLICANT INFORMATION

Name: Bob Jones
Address: 2005 Chaparral Road City: Manchaca Zip: 78652
Phone: (512) 282-6224 Cell: (512) 845-7184
E-mail: bob.jones@tri-countyconst.com Fax: (512) 280-0085
State License Number: 09262654 Expiration: 9-20-2019

COMPANY INFORMATION

Name: Tri County Construction, Inc.
Address: PO Box 247 City: Manchaca Zip: 78652
Phone: (512) 282-6224 Cell: N/A
E-mail: tri-countyconst@gmail.com Fax: (512) 280-0085
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: Chris Holland Street Address: 7507 Jester Blvd ^{Austin} Phone Number: (512) 296-7626
Date Work Performed: 2015
Brief Description of Work: repair structure after fire damage

Reference No.2

Name: Marny Lifshen Street Address: 7897 Lakewood Dr ^{Austin} Phone Number: (512) 619-0187
Date Work Performed: 2015
Brief Description of Work: major bathroom remodel, whole house floor replacement and painting

Reference No.3

Name: Walt Shofner Street Address: 246 Blanco Dr ^{Wimberly} Phone Number: (832) 656-8067
Date Work Performed: 2015
Brief Description of Work: repair home after water/flood damage

SITE WORKERS

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

1. Bruce Tesemy - carpenter subcontractor
2. Wayne Eskew - employee (supervisor)
3. Alejandro Gonzalez - subcontractor for trim
4. Jorge Vaquero - sub for drywall + paint work
5. AA Trimming - Ben - sub for trim work
6. Zenon Vasquez - sub for plumbing
7. John Wrigley - sub for HUXE
8. Julio Anzadua - sub for electrical
9. JA Glass - Sergio Fuentes - sub for glass work
10. Dayton McCreless - sub for cabinets

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 20 day of August, 2015.

[Signature]
Bob Jones
Applicant

Texas

USA
TX

DRIVER LICENSE

Account & 2010 Association



[Signature]

4d DL [REDACTED] 9 Class **C**
4a Iss **08/10/2013** 4b Exp **09/20/2019**
3 DOB [REDACTED]
1 **JONES**
2 **BOBBY JOE**
8 2005 CHAPARREL RD
MANHACA TX 78652-0000
12 Restrictions **A** 9a End **NONE**
16 Hgt **6-02** 15 Sex **M** 18 Eyes **BRO** 
6 DD 45619380086120628996



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/20/2015

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 CCIM, Inc dba Capitol City Ins and The Insurance Store 8030 N Mopac Austin TX 78759		CONTACT NAME: Christina Llanes PHONE (A/C, No, Ext): (512) 343-0280 FAX (A/C, No): (512) 343-0352 E-MAIL ADDRESS: christil@ccinsurance.com	
INSURED Tri-County Construction, Inc. 2005 Chaparral Road Manchaca TX 78652		INSURER(S) AFFORDING COVERAGE INSURER A Association Insurance Co.	NAIC # INSURER B Mercury Insurance Co. INSURER C Texas Mutual Insurance Company 22945 INSURER D Great American Insurance Co. 16691 INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 15-16 Master **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:			GLP009759204	1/21/2015	1/21/2016	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						
		\$						
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>			BAP4509320	1/15/2015	1/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
		BODILY INJURY (Per person) \$						
		BODILY INJURY (Per accident) \$						
		PROPERTY DAMAGE (Per accident) \$						
		Auto Theft Prevention Auth \$						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$	
							AGGREGATE \$	
							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			SBP0001236461	4/13/2015	4/13/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
		Y/N N/A						E.I. EACH ACCIDENT \$ 1,000,000
								E.I. DISEASE - EA EMPLOYEE \$ 1,000,000
D	BUILDERS RISK ALL PROJECTS REPTD MONTHLY			IMP666958313	6/1/2015	6/1/2016	MAX DWELLING LIMIT 1,000,000	
								MAX LIMIT PER DISASTER 5,000,000

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

CERTIFICATE HOLDER City of Wimberley PO 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 Dwayne Baker/ARLETT