



3.46 pm

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) *cm*

APPLICANT INFORMATION

Name: Aaron J Downing
 Address: 142 Belle Dr. City: Wimberley Zip: 78676
 Phone: 512 722 3255 Cell: 512-644-3439
 E-mail: Carrie@wimberleyelectric.com Fax: _____
 State License Number: 204265 Expiration: 8/10/15

COMPANY INFORMATION

Name: Wimberley Electric
 Address: 142 Belle Dr. City: Wimberley Zip: 78676
 Phone: 512 722-3255 Cell: 512 618 0804
 E-mail: Carrie@wimberleyelectric.com Fax: 512-722-3667
 Contractor License Holder: Carrie Downing

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: Austin Water Designs Street Address: Austin Phone Number: 5128371646
Date Work Performed: Continual work
Brief Description of Work: Wire swimming pools, spas, outdoor kitchens, Update electrical services

Reference No.2

Name: Gary Brenz Street Address: 2601 Mt Sharp Phone Number: 3617277137
Date Work Performed: Continual work
Brief Description of Work: Rewired 800 sq ft house, update service, rewire spa, Build 400amp service, run feeder

Reference No.3

Name: Beta Gilliam Street Address: 2102 Montell Rd Phone Number: 210 296 5426
Date Work Performed: 3/20/14
Brief Description of Work: Complete wiring system for 1200 sq ft house w/ 240 sq ft porch.

SITE WORKERS

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

1. AJ Downing
2. Carrie Downing
3. Emilio Gonzalez
4. Martin Benevides
5. Derick Cruz
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 2 day of July, 2015.

AJ Downing
Applicant

Texas

USA
TX

DRIVER LICENSE



4d DL [REDACTED] 9 Class **C**
4a Iss **07/31/2015** 4b Exp **10/23/2020**
3 DOB [REDACTED]
1 **DOWNING**
2 **AARON JOSEPH**
5 **142 BELLE DR.**
WIMBERLEY TX 78676
12 Restrictions **NONE** 9a End **NONE**
16 Hgt **5-11** 15 Sex **M** 18 Eyes **BLU**
6 DD **03619580013311518748**

AS

STATE OF TEXAS

AARON J DOWNING

MASTE ELECTRICIAN



LICENSE NUMBER 204265
EXPIRES 08/10/2015

TEXAS DEPARTMENT OF LICENSING AND REGULATION

STATE OF TEXAS

WIMBERLEY ELECTRIC

ELECTRICAL CONTRACTOR



LICENSE NUMBER 28063
EXPIRES 04/18/2016

TEXAS DEPARTMENT OF LICENSING AND REGULATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/02/2015

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 terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to a certificate holder in lieu of such endorsement(s).

COUCER State Farm Insurance 14201 Ranch Rd 12, Ste 1 Wimberley, TX 78676	CONTACT NAME: Melinda Hager-Tashnek PHONE (AC No. Ext): 512-847-9400 FAX (AC No.): 512-847-0400 E-MAIL: ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company 25143 INSURER B: State Farm Mutual Automobile Insurance Company 25178 INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Carrie Downing, dba Wimberley Electric 142 Belle Dr Wimberley, TX 78676	

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.

TYPE OF INSURANCE	ADDITIONAL COVERAGES	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPI. DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		90-CE-Q086-3	04/06/2015	04/06/2016	EACH OCCURRENCE \$ 2,000.0 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300.0 MED EXP (Per one person) \$ 10.0 PERSONAL & ADV INJURY \$ 2,000.0 GENERAL AGGREGATE \$ 4,000.0 PRODUCTS - COMP/OP AGG \$ 4,000.0
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		179 9166-B01-53-001	02/01/2015	08/01/2015	COVERED SINGLE LIMIT (Per accident) \$ 1,000.0 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB EXCESS LIAB \$ OCCUR CLAIMS-MADE \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in TX) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				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 The 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 ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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