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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: MATT Nowell

Address: 2800 OAK Run Dr. City: Wimberley Zip: 78676

Phone: _____ Cell: 512 558 2792

E-mail: MANOWELL@YAHOO.COM Fax: _____

State License Number: _____ Expiration: _____

COMPANY INFORMATION

Name: Wimberley Valley Custom Homes

Address: SAME City: _____ Zip: _____

Phone: _____ Cell: SAME

E-mail: SAME Fax: _____

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: Dennis Parola Street Address: 2501 OAKRIDGE DR Phone Number: 718 994 9285
Date Work Performed: 6-1-2015
Brief Description of Work: new construction

Reference No.2

Name: Bill San Marco Street Address: 201 Rambling Oaks Phone Number: 210 215 2661
Date Work Performed: 2-15-2015
Brief Description of Work: Remodel Kitchen & Master Bath

Reference No.3

Name: Ahmet Yayboke Street Address: 7903 NAIRN Phone Number: 512 800 7484
Date Work Performed: 10-14-2014
Brief Description of Work: Remodel - Kitchen, Bath 2, Interior Paint, Exterior Paint

SITE WORKERS

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

1. Bruce Gifford - Framing
2. Kevin Shanklin - Electric
3. Bruce Wendt - Plumber
4. Jose Valencia - Painter
5. Abel Garcia - Tile
6. Jacob Spenkerman - Trim
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 September, 2015.

Math Nowe
Applicant

Texas

USA
TX

DRIVER LICENSE



4a DL [REDACTED] 9 Class **C**
4a Iss **11/01/2013** 4b Exp **11/19/2019**
5 DOB [REDACTED]
1 NOWELL
2 MATTHEW ADDISON
8 2300 OAK RUN DR
WIMBERLEY TX 78676-0000
12 Restrictions **A** 9a End **NONE**
16 Hgt **6-01** 15 Sex **M** 18 Eyes **BRO**
5 DD 10619381015011118468

Mat Nowell



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/2/2015

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 Hibbs Insurance Agency 3415 Greystone Dr. Ste 107 Austin TX 78731	CONTACT NAME: Nelda Reveles
	PHONE (A/C, No, Ext): 512-377-6811 FAX (A/C, No): 512-873-8519 E-MAIL ADDRESS: nelda.nhibbs@farmeragency.com
INSURED Wimberley Valley Custom Homes 2800 Oak Run Dr Wimberley TX 78676 Matthew Nowell	INSURER(S) AFFORDING COVERAGE BUILDERS & TRADESMEN'S INS SVC
	INSURER A:
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 01 REVISION NUMBER: 00

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			NA113363500	08/31/2015	08/31/2016	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						GENERAL AGGREGATE \$ 2,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						PRODUCTS - COMP/OP AGG \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							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)

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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 NICHOLAS D HIBBS
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