CITY OF MARSHALLTOWN, IOWA

EMERGENCY REPAIR BUSINESS APPLICATION

Pursuant to Section 7-38 of the Code of Ordinances of the Marshalltown City Code, the undersigned requests registration as an Emergency Repair Business and in connection therewith certifies the following: Scharnweber Inc.

Name of Principal Owner of the business:	Name of Applicant, if not owner
Tom Scharnweber	Tessa Matherly
Phone Number of Business Owner	Phone Number of Applicant, if not owner
641-484-3923	same
Street Address of Business Owner	Street Address of Applicant, if not owner
701 S. County Rd	Same
City of Business Owner	City of Applicant, if not owner
Toledo	Same
State, Zip of Business Owner	State, Zip of Applicant, if not owner
IA, 52342	Same
Email address of owner or applicant	
scharnweberinc@gmail.com	
State of Iowa Contractor's Registration No.	
C130705	
Name of Insurance Company	Date of Insurance Expiration
Independent Insurance	8-1-2019

Licenses shall be issued to qualified contractors who complete the required application and provide the required documentation. Licenses shall not be issued to contractors who have on prior occasions been identified by City officials as unresponsive or irresponsible bidders in the public bidding process.

Enclosed: Certificate of Insurance, with at least $1,000,000 Commercial General Liability Insurance.
Yes X No _____

Names of persons soliciting work on behalf of the contractor within the City of Marshalltown and needing a license card to solicit work. There is no fee for application or for the license card.

Tom Scharnweber	Jamie Johnson	Martin Cervantes	
Dan Willcens	Aaron Bessman	Tessa Matherly	
Amber Relph	Mark Skipley		

I hereby declare that all information contained in this Application is true and correct. I understand that any person who performs work without said license, or who fails to observe any portion of City Code Section 7-38 commits a simple misdemeanor and the City may seek relief in the District Court.

Tessa Matherly — 8-1-18

Applicant's Signature — Date

Please complete and return application to the City Clerk.
Questions? Call 641-754-5701 or email clerk@marshalltown-ia.gov.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/1/2018

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
Independent Insurance Services of Central Iowa
1001 S County Rd
P.O. Box 97
Toledo IA 52342

CONTACT NAME: Toni Chaska
PHONE (A/C, No, Ext): 641-484-2140 **FAX (A/C, No):** 641-484-2314
E-MAIL ADDRESS: toni.chaska@insurecentraliowa.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : United Fire & Casualty	13021
INSURER B : Accident Fund Ins Co of America	10166
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED SCHARNW-01
Scharnweber Water Conditioning Inc.
701 S County Road
Toledo IA 52342

COVERAGES **CERTIFICATE NUMBER:** 182623466 **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 X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO-JECT X LOC			60024241	12/1/2017	12/1/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	**AUTOMOBILE LIABILITY** X ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS			60024241	12/1/2017	12/1/2018	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 1,000,000 $ $ $ $
A	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			60024241	12/1/2017	12/1/2018	EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ $
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			WCV6120002	12/1/2017	12/1/2018	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
A	EQF			60024241	12/1/2017	12/1/2018	Rented equipment	100,000

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

CERTIFICATE HOLDER

City of Marshalltown
24 North Center Street
Marshalltown IA 50158

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

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