

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:

Name of Principal Owner of the business: (owner) Brycon LLC <i>Wes Bryngelson</i>	Name of Applicant, if not owner
Phone Number of Business Owner (641) 752-5555	Phone Number of Applicant, if not owner
Street Address of Business Owner 911 N Center Street	Street Address of Applicant, if not owner
City of Business Owner Marshalltown	City of Applicant, if not owner
State, Zip of Business Owner Iowa, 50158	State, Zip of Applicant, if not owner
Email address of owner or applicant wes@brycon.net	
State of Iowa Contractor's Registration No. C102270	
Name of Insurance Company Integrity Mutual Insurance Co. OK	Date of Insurance Expiration 01/01/19 OK

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 No Enclosed: Contractor Registration Certificate Yes 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.

<i>Wes Bryngelson</i> 6137			

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.

Wes Bryngelson **8/3/18**
 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)
01/03/2018

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 have ADDITIONAL INSURED provisions or 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 Shomo-Madsen Insurance 22 E. Main St. Marshalltown IA 50158		CONTACT NAME: Michelle Bromley PHONE (A/C, No, Ext): (641)753-6691 E-MAIL ADDRESS: mbromley@shomo-madsen.com		FAX (A/C, No): (641)752-5360	
INSURED BRYCON LLC WES BRYNGELSON 911 N CENTER ST MARSHALLTOWN IA 50158		INSURER(S) AFFORDING COVERAGE			
		INSURER A: Integrity Mutual Insurance		NAIC # 14303	
		INSURER B: Integrity Mutual Insurance Co.		14303	
		INSURER C: Midwest Builders' Casualty		13126	
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** Master18-19 **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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP2009285	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA 2009286	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0			CUP2009287	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below:	Y/N	N/A	17BWC0989	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER City of Marshalltown Iowa 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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CONTRACTOR REGISTRATION CERTIFICATE
STATE OF IOWA

DIVISION OF LABOR
CONTRACTOR REGISTRATION

1000 East Grand Avenue
Des Moines, IA 50319-0209
Phone (515) 242 – 5871
www.iowacontractor.gov

BRYCON LLC
911 CENTER STREET POB 940
MARSHALLTOWN, IA 50158

DATE ISSUED:
12/07/2017

DATE EXPIRES:
12/18/2018

REGISTRATION NUMBER:
C102270


Michael A. Mauro, Commissioner