



Nevada State Contractors Board

2530 Corporate Circle, Suite 200 Henderson, NV 89074 (702)486-1199 Fax: (702)486-1196 Investigation: (702)486-1199
 9670 Gateway Drive, Suite 100 Reno, NV 89521 (775)488-1341 Fax: (775)488-1371 Investigation: (775)488-1150
www.nscb.state.nv.us

Nevada State Contractors Board

[Main Menu](#) [Home](#)

License Search Details

Press "Previous Record" to view the previous record in the list

Press "Next Record" to view the next record in the list.

Press "Search Results" to return to the search results list screen.

Press "New Search Criteria" to revise your existing search criteria or enter new search criteria.

Press "New Search" to select a different search.

License Number:

0041943

Current Date: 10/09/2008 10:09 AM (mm/dd/yyyy)

Business Primary Name: **BRIGGS ELECTRIC INC** License **Unlimited**
 Monetary Limit:

Business Address: **5138 METRIC WAY
 CARSON CITY, NV 89706**

Phone Number: **(775)887-9901**

Status: **Active**

Status Date: **03/21/2008** (mm/dd/yyyy)

Origin Date: **03/27/1996** (mm/dd/yyyy)

Expiration Date: **03/31/2010** (mm/dd/yyyy)

Business Type:
 Classification(s): **C-2 - ELECTRICAL CONTRACTING**

Principal Name	Relation Description
PERRY, THOMAS JOSEPH	President Qualified Individual
PERRY, TODD CHRISTOPHER	Secretary/Treasurer
DYE, GREGORY PAUL	Employee Qualified Individual

Bonds

Bond Type: **Surety Bond**
 Bond Number: **0125336**
 Bond Agent: **DREHER, PATRICIA ANN**
 Surety Company: **BERKLEY REGIONAL INSURANCE COMPANY**
 Bond Amount: **\$30,000.00**
 Effective Date: **03/16/2008** (mm/dd/yyyy)



Nevada State Contractors Board

2510 Corporate Circle, Suite 200 Henderson NV 89074 (702)486-1100 Fax: (702)486-1150 Investigation: (702)486-1110
 5670 Gateway Drive, Suite 100 Reno NV 89521 (775)688-1141 Fax: (775)688-1271 Investigation: (775)688-1150
www.nscb.state.nv.us

Nevada State Contractors Board

[Main Menu](#) [Home](#)

License Search Details

Press "Previous Record" to view the previous record in the list

Press "Next Record" to view the next record in the list.

Press "Search Results" to return to the search results list screen.

Press "New Search Criteria" to revise your existing search criteria or enter new search criteria.

Press "New Search" to select a different search.

License Number:
0065201

Current Date: 10/09/2008 10:12 AM (mm/dd/yyyy)

Business Primary Name: **BRIGGS ELECTRIC INC** License Monetary Limit: **\$2,500,000.00**

Business Address: **5138 METRIC WAY
 CARSON CITY, NV 89706**
 Phone Number: **(775)887-9901**

Status: **Active**
 Status Date: **08/11/2008** (mm/dd/yyyy)
 Origin Date: **08/07/2006** (mm/dd/yyyy)
 Expiration Date: **08/31/2010** (mm/dd/yyyy)

Business Type:
 Classification(s): **B2 - RESIDENTIAL & SMALL
 COMMERCIAL**

Principal Name	Relation Description
PERRY, THOMAS JOSEPH	President
PERRY, TODD CHRISTOPHER	Secretary/Treasurer
DYE, GREG PAUL	Qualified Individual

Bonds
 Bond Type: **Surety Bond**
 Bond Number: **0125337**
 Bond Agent: **DREHER, PATRICIA ANN**
 Surety Company: **BERKLEY REGIONAL INSURANCE COMPANY**

ACORD CERTIFICATE OF LIABILITY INS

IRL100-2 06/24/08

INSURER
 United Captive Ins. Brokers
 151 Newhope St., Ste 211
 Mountain Valley CA 92708
 Phone: 714-708-4370 Fax: 714-708-2300

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: D.S. Fidelity and Guaranty Co.	25867
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

Briggs Electric, Inc.
 14381 Franklin Ave
 Tustin CA 92780

COVERAGES
 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 ANY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ADD'L INFO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOG				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ex occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ex accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	D123W00164	07/01/08	07/01/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY/LMT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 30 days Notice of Cancellation for Non-payment of Premium.

CERTIFICATE HOLDER
 INSURED
 Evidence of Insurance
 "Insured's Copy"

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
 Mark Barrie