

2117.70

For all municipal business license questions, contact: City of South Bend • Department of Community Investment
227 West Jefferson Blvd • Suite 1400 S • South Bend, Indiana 46601 • 574.235.5912 • F: 574.235.9021

LICENSE APPLICATION FOR - ARBORIST
MUNICIPAL CODE SECTION - 4-19

I. APPLICATION TYPE Check One: New _____ Renewal

II. BUSINESS DATA

A. Business Name: K & R Tree Service

B. Business Address: 1724 S. Grant st.

City: South Bend State: IN Zip: 46613

C. Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-220-4437

E. Business Fax Number: _____

F. E-Mail Address: TreeCutterKevin@yahoo.com

G. Number of Employees: 3

H. Number of Vehicle Plates Needed: 12

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: _____

Bucket Truck, Chip Truck, Chipper Stump Grinder, Towable Stump Grinder
Dump Truck, Dump Trailer, Eq. Trailer, Skid Loaders, 3 pickups.

J. Do you propagate your own stock? Yes: _____ No:

If No, where is stock purchased: _____

K. Insurance Carrier, Agency, and Amount of Liability Insurance: West Bend Mutual Ins.

Dan Berry Insurance Comp. 5 million

L. Type of zoning at the business location: 3. SF2

For Office Use Only

Application Filed APR 30 2018 Parks Board Approval _____

Application Fee Paid APR 30 2018 License Fee Paid APR 30 2018

Sent to Dept. APR 30 2018 License Number 18-3303

Plate Number(s) _____

Not Approved _____

Reason _____

LICENSE APPLICATION FOR - ARBORIST
MUNICIPAL CODE SECTION - 4-19

III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Kevin J. Kenney
B. Residential Address: 1724 S. Grant St.
City: South Bend State: IN Zip: 46613
C. Residential Telephone Number: _____
D. Cellphone Number: 574-220-4437
E. Position with Business: owner

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Kevin J. Kenney
B. Residential Address: 1724 S. Grant St.
City: South Bend State: IN Zip: 46613
C. Residential Telephone Number: NA
D. Cellphone Number: 574-220-4437
E. Position with Business: owner

V. EXPERIENCE / REFERENCES

- A. Are you familiar with prevalent tree and shrub diseases and competent to prescribe and apply control measures?
Yes: No: _____ Explain Fully: 17 years Doing Tree Removal
- B. What experience or training in tree surgery have you had?
Explain Fully: Reading Books, Arborist Schools, And 17 years Training
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
- | | | |
|--------------------------|---------------------------------------|----------------|
| 1: <u>Gary Bagonyi</u> | <u>15285 Valentia Dr, Granger, IN</u> | <u>4-25-18</u> |
| 2: <u>Terry Frick</u> | <u>Bow Ct, SB, IN</u> | <u>4-25-18</u> |
| 3: <u>Willie Veldman</u> | <u>57769 Crum's town Hw. SB, IN</u> | <u>4-16-18</u> |
| 4: <u>Jay Ashabki</u> | <u>23551 Ardmore Trail, SB, IN</u> | <u>3-31-18</u> |

**LICENSE APPLICATION FOR - ARBORIST
MUNICIPAL CODE SECTION - 4-19**

D. Please list all previous employment for three (3) years prior to the date of this application:

Company	Address	City, State, ZIP	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

E. Do you have an International Society of Arboriculture certification?

Yes: _____ No: _____


If yes, submit a copy of the certification with the application.

VI. INCLUDE CERTIFICATE OF INSURANCE WITH APPLICATION WITH THE CITY OF SOUTH BEND LISTED AS AN ADDITIONAL CERTIFICATE HOLDER

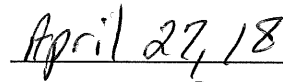
VII. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

VIII. AFFIRMATION

I, hereby, certify and affirm that all of the information I have given in this application is true and accurate to the best of my knowledge. I further certify that I have in no way attempted to mislead the City in this application by omitting facts known to me. I agree to permit periodic inspection of my equipment by the Board of Park Commissioners or their agent. I have read and understand the regulations of the Arborist license found in the City of South Bend Municipal Code, Section 4-19.



Signature



Date



KEVIJKE-01

KELLY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/27/2018

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 Dan Berry Insurance Agency Inc. 54101 Ironwood Road South Bend, IN 46637		CONTACT NAME: PHONE (A/C, No, Ext): (574) 255-6222 E-MAIL ADDRESS: business@dbimail.com FAX (A/C, No): (574) 254-2630	
INSURED Kevin J Kenney DbA K&R Tree Service 1724 South Grant South Bend, IN 46613		INSURER(S) AFFORDING COVERAGE	
		INSURER A: West Bend Mutual Insurance Co	NAIC # 15350
		INSURER B: Liberty Mutual Insurance	23043
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		2128333	08/11/2017	08/11/2018	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		2128333	08/11/2017	08/11/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$
	DED RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN) Y / N N / A If yes, describe under DESCRIPTION OF OPERATIONS below		WC5-39S-366202-017	05/03/2017	05/03/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$ 500,000
						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)
City of South Bend is listed as additional insured

CERTIFICATE HOLDER City of South Bend 227 W. Jefferson Blvd. Suite 1200 N South Bend, IN 46601	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