

CK#2765 \$82.50

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

I. APPLICATION TYPE Check One: New _____ Renewal

II. BUSINESS DATA

A. Business Name: A Cut Above Tree Service

B. Business Address: 2430 Portage Rd

City: Niles State: MI Zip: 49120

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-276-8355

E. Business Fax Number: _____

F. E-Mail Address: ericgold50@gmail.com

G. Number of Employees: 5

H. Number of Vehicle Plates Needed: 5

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

Booms - Chippers - Grinders, Dump Trucks - Skid Steers - Loaders, Chainsaws.

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 - Dan Berry - 1 million dollars -

L. Type of zoning at the business location: Agg

For Office Use Only

Application Filed JAN - 7 2019 Parks Board Approval _____

Application Fee Paid JAN - 7 2019 License Fee Paid JAN - 7 2019

Sent to Dept. JAN - 7 2019 License Number 19-4815

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Eric Gow
- B. Residential Address: 2430 Postage Rd
City: Niles State: Mi Zip: 49120
- C. Residential Telephone Number: _____
- D. Cellphone Number: 574-210-3658
- E. Position with Business: OWNER

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: _____
- B. Residential Address: _____
City: _____ State: _____ Zip: _____
- C. Residential Telephone Number: _____
- D. Cellphone Number: _____
- E. Position with Business: _____

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: I am confident in determining tree/shrub diseases that affect entire tree / leaves / leaf blades scabs - blisters - defoliation and needle cast and prescribe correct fungicide needed.
- B. What experience or training in tree surgery have you had? fungicide needed.
Explain Fully: NONE.
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
1: Chip Farrell 51565 Clubhouse Dr. South Bend, IN.
2: Wes Bruce - Erskine Manor South Bend, IN.
3: Brand McLeish 71326 Melvin Edwardsburg, MI
4: Josie Herman 70932 Driftwood Edwardsburg MI.

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

Company	Address	City, State, ZIP	Dates
N/A			

(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 CERTIFICATEHOLDER

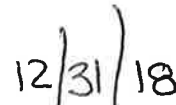
VII. INCLUDE \$5.00 PROCESSING FEE WITHAPPLICATION

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/21/2018

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 FAX (A/C, No): (574) 254-2630 E-MAIL ADDRESS: business@dbimail.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : West Bend Mutual Insurance Co	
NAIC # 15350	
INSURED A Cut Above L L C 51469 Greenhill Dr South Bend, IN 46628	INSURER B : 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1091952	05/27/2018	05/27/2019	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 <input type="checkbox"/> 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			1091952	05/27/2018	05/27/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER
							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)

CERTIFICATE HOLDER City of South Bend/St Joseph County Attn: Michelle Adams 227 West Jefferson Blvd Ste 1400 South 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
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