

CK# 8433 \$72.00

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

I. APPLICATION TYPE Check One: New _____ Renewal

II. BUSINESS DATA

A. Business Name: ACORN LANDSCAPING LLC

B. Business Address: 3680 W. SAMPLE ST.

City: SOUTH BEND State: IN Zip: 46619

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-288-6950

E. Business Fax Number: 574-289-1096

F. E-Mail Address: JUFFRITSCHARD@YAHOO.COM

G. Number of Employees: 11

H. Number of Vehicle Plates Needed: 2

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs:
TRACTORS SKID STEER, EXCAVATOR, WATER TANK TRUCK, CHAIN-
SAWS, PRUNERS, BOBCAT, CRIMPER, HYDROSEEDER, SOD LAYER

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

If No, where is stock purchased: INDIANA, MICHIGAN, OHIO, ILLINOIS MOSTLY

K. Insurance Carrier, Agency, and Amount of Liability Insurance: EMC INSURANCE

1ST SOURCE INSURANCE

1M/2M WITH 5M UMBRELLA

L. Type of zoning at the business location: COMMERCIAL

For Office Use Only

Application Filed JAN 14 2010 Parks Board Approval _____

Application Fee Paid JAN 14 2010 License Fee Paid JAN 14 2010

Sent to Dept. JAN 14 2010 License Number 19-507

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: JEFFREY B. RITSCHARD
B. Residential Address: 24930 KERN RD
City: SOUTH BEND State: IN Zip: 46614
C. Residential Telephone Number: 574-234-2630
D. Cellphone Number: 574-292-6519
E. Position with Business: OWNER

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: JEFFREY G. RITSCHARD
B. Residential Address: SAME
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: _____

MAINTAIN TREES + SHRUBS TO INDOT STANDARDS AND CONSULT WITH PURDUE AND SPECIALISTS AS NEEDED

- B. What experience or training in tree surgery have you had?

Explain Fully: PROPER PRUNING, WATERING & FERTILIZING

- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):

- 1: CITY OF SOUTH BEND
2: CITY OF MESHAWAKA
3: INDOT
4: CITY OF LAPORTE

ALL
2018

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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
<i>ACORN LANDSCAPING LLC</i>	<i>3680 W. SAMPLE</i>	<i>SOUTH BEND IN 46619</i>	<i>2000-PRESENT</i>
_____	_____	_____	_____
_____	_____	_____	_____

(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 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

1-8-2019

Date



ACORLAN-01

KKLINE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/26/2018

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 1st Source Insurance, Inc. 6909 Grape Road Mishawaka, IN 46545	CONTACT NAME: PHONE (A/C, No, Ext): (574) 271-5200	FAX (A/C, No): (574) 271-5240	
	E-MAIL ADDRESS:		
INSURED Acorn Landscaping LLC 3680 Sample st South Bend, IN 46614	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : EMC Insurance		21415
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	5D29195	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> Hired AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		5E29195	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	5J29195	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A	5H29195	04/01/2018	04/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equip		5C29195	04/01/2018	04/01/2019	ACV 150,000

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

CERTIFICATE HOLDER

CANCELLATION

City of South Bend
 227 W. Jefferson Blvd
 South Bend, IN 46601

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

Randy M. Kline