

OK #53654 \$65.00

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

I. APPLICATION TYPE Check One: New Renewal ✓

II. BUSINESS DATA

A. Business Name: Custom Moore Tree Experts Inc

B. Business Address: 12945 SR #23

City: Granger State: IN Zip: 46530

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574 - 272 - 1900

E. Business Fax Number: 574 - 272 - 1793

F. E-Mail Address: tree@custommoore.com

G. Number of Employees: 5 Full 7 Part

H. Number of Vehicle Plates Needed: 9

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

Bucket TRC, CHIPPERS, Dumps, CRANE, Stump Cutters, Sprayer, TREE SPADES, Loaders,

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

If No, where is stock purchased: Plus access our zone

K. Insurance Carrier, Agency, and Amount of Liability Insurance: _____

PERKIN Rockstrom 2mil gen Aug
1 mill each occ.

L. Type of zoning at the business location: COMMERCIAL

Plate Fees = 31.50

For Office Use Only

Application Filed FEB 11 2019 Parks Board Approval _____

Application Fee Paid FEB 11 2019 License Fee Paid _____

Sent to Dept. FEB 11 2019 License Number 19-508

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: David A Duncan
B. Residential Address: 12449 ADAM RD
City: OSHTON State: IN Zip: 46530
C. Residential Telephone Number: 574-532-7643
D. Cellphone Number: SAME
E. Position with Business: President

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: SAME
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: _____

THIS IS WHAT I DO FOR A LIVING
DIAGNOSTIC SPECIALIST SINCE 1986

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

Explain Fully: 46 years OJT with Custom Moore
NAA-NOW TRI, ISA, INA, IAA, IABA
INA

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

- 1: Fred & Christian Hains, 51741 OAK Brook Ct JAN 2019
- 2: John Flinn Halstead 52600 Hickory Rd JAN 2019
- 3: John Kouzoulian 15483 Regis Ct JAN 2019
- 4: Bob Lux 12245 Ashland Rd JAN 2019

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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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

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

Yes: _____ No: _____ *Since 1993,*

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

CURRENTLY EXPIRED

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

1-17-19

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/07/19

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 ROCKSTROH INSURANCE AGENCY INC 33 N Lafayette Blvd South Bend, IN 46601-1208	CONTACT NAME:		
	PHONE (A/C, No, Ext): (574)233-5136	FAX (A/C, No): (574)232-2991	
	E-MAIL ADDRESS: rockagcy2@sbcglobal.net		
INSURED Custom Moore Tree Experts Inc Dave Duncan 12945 State Rd 23 Granger, IN 46530	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Pekin Insurance Company	
	INSURER B:	Travelers Insurance Co	
	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.

TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Primary Non-contributory GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X X	CL 99070	07/29/18	07/29/19	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 - COMPI/OP AGG \$ 2,000,000
AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	00P 579850	07/29/18	07/29/19	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
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	6JUB-0244M99-0-17	09/28/18	09/28/19	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 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)

Additional Insured: City of South Bend, IN 227 W. Jefferson Blvd., Ste. 1400S, South Bend, IN 46601

CERTIFICATE HOLDER	CANCELLATION
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City of South Bend 227 W Jefferson Blvd - Ste. 1400S 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
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