

CK# 4389 \$86

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

I. APPLICATION TYPE Check One: New Renewal ✓

#### II. BUSINESS DATA

A. Business Name: Cut-Rite Services

B. Business Address: 13871 N 1050W

City: Nappanee State: IN Zip: 46550

C. Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Business Telephone Number: 574-784-8889

E. Business Fax Number: 574-773-0521

F. E-Mail Address: Vern@cutritetreeservices.com

G. Number of Employees: 4

H. Number of Vehicle Plates Needed: 6

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

Crane Truck, Bucket Truck, chippers, saws, stump  
grinders, Hedge Trimmers,

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

If No, where is stock purchased: \_\_\_\_\_

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Miller/Worcon

L. Type of zoning at the business location: Business/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 19-4443

Plate Number(s) \_\_\_\_\_

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Amanda Hochstetler  
B. Residential Address: 13871 N 1050 W  
City: Nappanee State: IN Zip: 46550  
C. Residential Telephone Number: 574-773-2167 ext. 1  
D. Cellphone Number: \_\_\_\_\_  
E. Position with Business: Secretary

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Arden W. Hochstetler  
B. Residential Address: 13871 N 1050 W  
City: Nappanee State: IN Zip: 46550  
C. Residential Telephone Number: 574-773-2167 ext. 1  
D. Cellphone Number: 574-767-0088  
E. Position with Business: owner / crew leader

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: Yes: Vernon Hochstetler is also a member of Cut-Rite Services & is licensed to treat diseases, etc.
- B. What experience or training in tree surgery have you had? NONE  
Explain Fully: \_\_\_\_\_
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):  
1: Kaitlin Foust 4925 Blackford Dr. W. South Bend IN 46614 12-20-18  
2: Karen Colum 510 S 33rd St. South Bend IN 1-8-19  
3: Marilyn Kuspa 1319 S. Spring St. Mishawaka IN 12-6-18  
4: Nancy Hendrix 1174 Ridgedale Rd. South Bend IN 12-31-18

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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
<u>Cut-Rite Services</u>	<u>13871 N 1050 W</u>	<u>Nappanee IN 46550</u>	<u>2017-2018</u>
<u>" "</u>	<u>"</u>	<u>"</u>	<u>2016</u>
<u>" "</u>	<u>"</u>	<u>"</u>	<u>2015</u>

(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.

Amanda Hehstet

Signature

1-9-19

Date





# CERTIFICATE OF LIABILITY INSURANCE

CUTRI-2 OP ID: KC

DATE (MM/DD/YYYY)

01/09/2019

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 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).

<b>PRODUCER</b> R.S. Miller & Sons, Inc. P.O. Box 228 109 W. Plymouth Street Bremen, IN 46508 Ben Nehls	<b>CONTACT NAME:</b> Ben Nehls	
	<b>PHONE (A/C, No, Ext):</b> 574-648-3341	<b>FAX (A/C, No):</b> 574-648-2887
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Cut-Rite Services Grow-Rite Homer's Works, LLC dba 13871 N. 1050 W. Nappanee, IN 46550	<b>INSURER A:</b> Pekin Insurance Company <b>24228</b>	
	<b>INSURER B:</b> Liberty Mutual Insurance Co. <b>24082</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**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.

INBR LTR	TYPE OF INSURANCE	ADDL BDR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	CL0168848	03/12/2018	03/12/2019	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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> \$1,000 com <input checked="" type="checkbox"/> \$1,000 col	Y	00P682021	03/12/2018	03/12/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> REYENTION \$ 10,000					
A		Y	CU28358	03/12/2018	03/12/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	WC534S546613-016	04/01/2018	04/01/2019	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					

Certificate Holder is listed as additional insured.

<b>CERTIFICATE HOLDER</b>  CITOFBS  City of South Bend 227 W. Jefferson Blvd #1400 S South Bend, IN 46601	<b>CANCELLATION</b>  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 Ben Nehls
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