1)CK#35511 \$5,00

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

I. APPLICATION TYPE Check One:	New	Renewal	×
A. Business Name: Integrit B. Business Address: 2300	Sunford Ave Sv	V .	[Ct) 4 > 72
City: Grandrilk C. Mailing Address (If different			
City:		Zip:	
D. Business Telephone Number E. Business Fax Number:	:: <u> 616-301-1300 s</u> - 301- 9900	e 180	
G. Number of Employees:	54		
H. Number of Vehicle Plates Ne	eded: 2		
I. List Equipment for planting, retracked feller lancher, light lancher, light lancher, light lancher, backer of the property of the Energy land lancher energy l	Heeled and tracked skip I tracks, timber Pro fore Itock? Yes: Irchased: ITS is an aut ITO Plant Trees ITO Amount of Liability Insur ONO ONO ONO ONO ONO ONO ONO O	lder, tracked and who Nander, wheeled thrich No:X horized Untractor for rance: Ottawa, Ken	ected While tree sak glandiff, chip trucks or American Ekotrije Puwer t Insurance
		Bal-1	102.00
Application Filed JAN 2 3 2019 Application Fee Paid JAN 2 3 2019 Sent to Dept. JAN 2 3 2019	License Fee Paid _ License Number _	oval	
Not Approved Reason			

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

111.	APPLI(CANT'S PERSONAL DATA						
- 95	А	. Applicant's Legal Name: David ROSS Karsten						
	В	. Residential Address: 14300 Heffron Rd NE						
		City: Belding State: M Zip: 48809						
	С	. Residential Telephone Number:						
	D	. Cellphone Number:						
	E.	Position with Business: Project Manager						
v	OW/NE	RS PERSONAL DATA						
٧.		Owners Legal Name: Shance Horroma						
		Residential Address: S284 Baldwin St						
	D.	11 10 31						
*	_	The state.						
		1400						
		4						
	t.	Position with Business: [Where						
V.	EXPERI	ENCE / REFERENCES						
	A.	Are you familiar with prevalent tree and shrub diseases and competent to prescribe and						
		apply control measures?						
		Yes: X No: Explain Fully: 1 was head of the Tree Care						
	program for 2 years at Prolone Tree Service and on a certified Arberist a							
		Certified Arburist Utility Specialist with the International Society of Arboniculture						
	В.	What experience or training in tree surgery have you had?						
		Explain Fully: I ran a crew of tree care workers for 3 years, became a certified						
		line clearance atborist through ACIRT, became a certified arborist 2 certified arborist						
		Whility specialist through ISA & am now project manager for 4 crews covering 4 states.						
10	C.	List below, the names and addresses of not less than four (4) clients where you have						
		recently performed work (include dates): 1: Ruras - M. Dinnell. TAKSON Rd-Marsing Stuth Band, IN NOV. 2017-NOV-2018						
		2: American Electric Bower, Tulip Rd South Band. IN Oct 2017 Present						
		3: American Electric Power, Linder Pd Wa Louneyville, WV Mar 2018 - present 4: Rockstad Power, Route Area Improvement Projects Charleston, WV Jan 2019-11						
		4: Rockstad Power, Boone Area Improvement Projects Charleston, WV Jan 2019-14						

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

	D. Please list all previous em	iployment for three (3) yea	irs prior to the date of this a	pplication:
	Company	Address	City, State, ZIP	Dates
	Integrity Tree services	2300 Sonford Are SM	Grandville, M1 49418	9/2012 -present
	Pro Care Tree Services	675 ClydeCtsw	Byton Gentor, M149315	9/2007-9/2012
	(Attach additional sheets if n	ecessary)	108	541 YES N X
	E. Do you have an Internatio Yes:No:_		e certification?	
	If yes, submit a copy of t	he certification with the ap	oplication.	
	MI.	41598		
VI. LISTE	INCLUDE CERTIFICATE OF INSI ED AS AN ADDITIONAL CERTIFICA		N WITH THE CITY OF SOUTH	BEND
VII.	INCLUDE \$5.00 PROCESSING F	EE WITH APPLICATION	8	
VIII.A	FFIRMATION			
	I, hereby, certify and affirm to accurate to the best of my knowledge in this application of my equipment understand the regulations of Code, Section 4-19.	nowledge. I further certify cation by omitting facts kn by the Board of Park Comi	that I have in no way attem own to me. I agree to permi missioners or their agent. I h	oted to t periodic ave read and
	Dove Katst		(/	8119
	Signature		Da	ate

TMAJESKI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2019

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 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).

this certificate does n	ot confer rights to the certificate holder in lieu of	such endorsement(s).	un ondorsoment. A	statement on		
PRODUCER		CONTACT NAME:				
Ottawa-Kent Insurance Agency Inc. One South Waverly Road Holland, MI 49423		PHONE (A/C, No, Ext): (616) 392-6006	392-1199			
		E-MAIL ADDRESS: holland@ottawakent.com				
		INSURER(S) AFFORDING COV	NAIC#			
		INSURER A : Employers Mutual Casua	21415			
INSURED Integrity Tree Services, LLC 2300 Sanford SW Grandville, MI 49418		INSURER B : Acceptance Indemnity Ins	20010			
		INSURER C : Eastern Alliance Insurance	10724			
		INSURER D : Endurance American Spe	41718			
		INSURER E :				
		INSURER F ;				
COVERAGES	CERTIFICATE NUMBER:	REVISIO	ON 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,						
INCE	DITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAY	VE BEEN REDUCED BY PAID CLAIMS.				

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	'S
Α	Х	COMMERCIAL GENERAL LIABILITY	77.0531	1				EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			5D84498	4/1/2018	4/1/2019	DAMAGE TO RENTED PREMISES (Fa occurrence)	\$ 500,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	s 1,000,000
	GEN	VL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
Α	-	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Х	ANY AUTO			5E84498	4/1/2018	4/1/2019	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED ONLY X NON-SWILL						PROPERTY DAMAGE (Per accident)	\$
									\$
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
		EXCESS LIAB CLAIMS-MADE			XL00010742	4/1/2018	4/1/2019	AGGREGATE	\$
		DED RETENTION \$							\$
С	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						X PER OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		0000115811	4/1/2018	4/1/2019	E.L. EACH ACCIDENT	\$ 1,000,000
		CER/MEMBER EXCLUDED? datory in NH) s, describe under						E L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DÉS	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Con	nmercial Umbrella			ELD3000750400	8/10/2018	4/1/2019	Umbrella	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Reference: Arborist license. Certificate holder is additional insured per insurance contract and insureds contract, form CG7578 and CA7450 for work / services performed by the insured.

CERTIFICATE HOLDER	₹
--------------------	---

CANCELLATION

City of South Bend Department of Community Investment 227 W. Jefferson Blvd., #1400 S 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

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.