

CK 1237 \$133.10

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

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name: KC Tree INC

B. Business Address: 8913 E US HWY 20

City: New Carlisle State: IN Zip: 46552

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574.674.7722

E. Business Fax Number: 574.654.7735

F. E-Mail Address: Kylie@KCTreeinc.com

G. Number of Employees: 10

H. Number of Vehicle Plates Needed: 10

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

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

If No, where is stock purchased: _____

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

West Bend Mutual Insurance

First Source Insurance

L. Type of zoning at the business location: _____

For Office Use Only

Application Filed FEB 04 2019 Parks Board Approval _____

Application Fee Paid FEB 04 2019 License Fee Paid FEB 04 2019

Sent to Dept. FEB 04 2019 License Number 19-2518

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Kregg Keigley
- B. Residential Address: 322 Tiger Court
City: New Carlisle State: IN Zip: 46552
- C. Residential Telephone Number: 574-318-1474
- D. Cellphone Number: " "
- E. Position with Business: President / 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: Trimming + Removal

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

Explain Fully: N/A

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

- 1: Hickory Village Apts. 4312 S Hickory RD. SB. 9.17.18
- 2: Rieth Riley 24402 Co Road 45 Elkhart 7.23.18
- 3: Premium Concrete Services 712 Richmond St Elkhart 11.08.18
- 4: Bethel College 1001 Bethel Circle Mishawaka 8.16.18

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

(Attach additional sheets if necessary)

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

Yes: _____ No: X

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.

Risa N. Keigley - VP
Signature

1.29.19
Date



KCTREEI-01

L DOMBROWSKI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/17/2018

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 Linda S. Dombrowski, AAI, AINS, AIS PHONE (A/C, No, Ext): (574) 271-5200 FAX (A/C, No): (574) 271-5240 E-MAIL ADDRESS: dombrowskii@1stsource.com
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: NSI/West Bend Mutual Insurance INSURER B: Auto-Owners Insurance Company 18988 INSURER C: Amerisafe 31895 INSURER D: INSURER E: INSURER F:
INSURED K C Tree, Inc. 8913 E. US Highway 20 New Carlisle, IN 46552	

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes XCU Coverage <input checked="" type="checkbox"/> CG 2503 Per Project GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			0772238	09/17/2018	09/17/2019	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			9641628200	09/17/2018	09/17/2019	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			0772238	09/17/2018	09/17/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	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	AVWCIN2733472018	09/17/2018	09/17/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER City of South Bend Attn: Michelle 227 W. Jefferson Blvd. 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 <i>Linda S. Dombrowski</i>
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