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

I. APPLICATION TYPE Check One: New Renewal Renewal									
II. BUSINESS DATA									
A. Business Name: Landmark Solliday Landleging									
B. Business Address: 10882 mckinley Huy.									
City: Osceola State: IN Zip: 46561									
C. Mailing Address (If different from above):									
City:State:Zip:									
D. Business Telephone Number: 574-674-8196									
E. Business Fax Number: S74-G74-G332									
F. E-Mail Address: Landmark Land Scaping 88 @ gnail.com									
G. Number of Employees:									
H. Number of Vehicle Plates Needed: 3									
I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs:									
J. Do you propagate your own stock? Yes:No:									
If No, where is stock purchased: Indiana, Michigan, Ohio, Illinois									
K. Insurance Carrier, Agency, and Amount of Liability Insurance:									
Federated Insurance (currer + agency), see attached COI									
L. Type of zoning at the business location: Connected - light industrial									
For Office Use Only									
Application Filed JAN - 7 2019 Parks Board Approval Application Fee Paid JAN - 7 2019 License Fee Paid License Number 19 - 100 Plate Number(s)									
Not Approved Reason									

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

III. AF		NT'S PERSONAL DATA
	A. <i>A</i>	applicant's Legal Name: Kettle Sottday Steven Solliday
	B. R	esidential Address: 14776 wheaton Dr.
		City: Granger State: IN Zip: 46530
	C. F	lesidential Telephone Number: <u>\(\(\) (\) (\</u>
	D. 0	Cellphone Number: 574-674-8196
	E. P	osition with Business:
IV. O	WNER:	S PERSONAL DATA
	Α. (Owners Legal Name: Steven Solliday
	В. Г	Residential Address: 14776 Wheaton DC.
		City: Granger State: IN Zip: 46530
	C. F	Residential Telephone Number: N/A
		Cellphone Number: <u>574-674-8196</u>
	E. F	Position with Business:
V. E		NCE / REFERENCES Are you familiar with prevalent tree and shrub diseases and competent to prescribe and
		apply control measures?
		Yes:No:Explain Fully: <u>Pesticial Apprecator</u>
		License Holder, 3a/3b Licenses, Nursery
		Dealer License
	В.	What experience or training in tree surgery have you had?
		Explain Fully: Local residential + connected
		care and maintenance
	C.	List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
		1: EIKhart Retail Outlot CRG West, EIKhart June 2018- Sept. 2018
		2: Gdoba, 5310 N main St, Mishawaka Jan-march Zois
		3: Starbucks, los Pine Lake Ave, La Porte March-Oct 2018
		4: Ameripiex, 5545 Chet waggonerCt, South Bend, Fall Zois- present

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D. Please list all previous	employment for three (3) years	prior to the date of this a	pplication:
Company	Address	City, State, ZIP	Dates
Landmark Landscaping	10882 McKinky Itwy.	<u> Usceola, IN 46841</u>	1994-present
(Attach additional sheets	if necessary)		
	ational Society of Arboriculture o	certification?	
If yes, submit a copy	of the certification with the app	lication.	
VI. INCLUDE CERTIFICATE OF ILISTED AS AN ADDITIONAL CERTIFICATION		WITH THE CITY OF SOUTH	i BEND
accurate to the best of m mislead the City in this ar inspection of my equipme	rm that all of the information I had been all of the information I had been all of the certify the plication by omitting facts known and the Board of Park Commins of the Arborist license found	at I have in no way attem vn to me. I agree to perm ssioners or their agent. I h	pted to it periodic nave read and
Stere Sa	llila	1-3-	19
Signature		D	ate



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/03/2019

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 liqu of such and recommend(s).

certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER	NV			CONTACT NAME: CLIENT CONTACT CENTER							
FEDERATED MUTUAL INSURANCE COMPA HOME OFFICE: P.O. BOX 328	NIN T			PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664							
OWATONNA, MN 55060				E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM							
					NAIC#						
				INSURER A: FEDER	13935						
INSURED			377-109-4	INSURER B:							
PROCARE SERVICES INC, LANDMARK SOL 10882 MCKINLEY HWY	LIDA	AY LA	INDSCAPING	INSURER C:							
OSCEOLA, IN 46561-9784				INSURER D:							
				INSURER E:							
				INSURER F:							
			NUMBER: 27			REVISION NUMBER: 0					
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	INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
X COMMERCIAL GENERAL LIABILITY		- 1				EACH OCCURRENCE	\$1,000,000				
CLAIMS-MADE X OCCUR		()				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000				
	.,		0000 475	04/04/0040	04/04/0040	MED EXP (Any one person)	EXCLUDED				
A ACCRECATE UNIT APPLIES DED.	Υ	N	6068475	04/01/2018	04/01/2019	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:							\$2,000,000				
OTHER:						PRODUCTS - COMP/OP AGG	Ψ2,000,000				
AUTOMOBILE LIABILITY		+		_		COMBINED SINGLE LIMIT	\$1,000,000				
X ANY AUTO	N N	N 6068475			(Ea accident) BODILY INJURY (Per person)						
A OWNED AUTOS ONLY SCHEDULED AUTOS			6068475	04/01/2018	04/01/2019	BODILY INJURY (Per accident)					
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)					
						1 0 0 0 0 0 0					
X UMBRELLA LIAB X OCCUR	N	N 6068476			EACH OCCURRENCE	\$2,000,000					
A EXCESS LIAB CLAIMS-MADE			6068476	04/01/2018	04/01/2019	AGGREGATE	\$2,000,000				
DED RETENTION											
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		N	6068477			X PER STATUTE OTH-					
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A			04/01/2018	04/01/2019	E.L. EACH ACCIDENT	\$500,000				
A OFFICER/MEMBER EXCLUDED?	IN / A		0000411			E.L. DISEASE - EA EMPLOYEE	\$500,000				
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE - POLICY LIMIT	\$500,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	11, Additional Remarks Schedule, m	nay be attached if more s	pace is required)						
							1				
CERTIFICATE HOLDER				CANCELLATION							
377-109-4			27 0								
CITY OF SOUTH BEND SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THEREOF METHODS AND THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THEREOF METHODS AND THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THEREOF METHODS AND THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THEREOF METHODS AND THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THEREOF METHODS AND THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THEREOF METHODS AND THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THEREOF METHODS AND THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXCURATION DATE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE ABOVE DESCRIBED POLICIES POLICIES											
125 S LAFAYETTE BLVD STE 100				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
SOUTH BEND, IN 46601-1575 ACCORDANCE WITH THE POLICY PROVISIONS.											

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AUTHORIZED REPRESENTATIVE

POLICY NUMBER: 6068475

COMMERCIAL GENERAL LIABILITY CG 20 12 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION - PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

CITY OF SOUTH BEND 125 S LAFAYETTE SUITE 100 SOUTH BEND IN 46601

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who is An insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
 - This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- The insurance afforeded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- 2. This insurance does not apply to:
 - a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
 - "Bodily injury" or "property damage" included within the "products-completed operations hazard".
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable limits of insurance shown in the Declarations.

PROCARE SERVICES INC 10862 MCKINLEY HWY OSCEOLA IN 46561

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Policy Number: 6068475