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

I. APPLICATION TYPE	Check One:	New	Renewal					
II. BUSINESS DATA A. Business Nam B. Business Add City: C. Mailing Addre City: D. Business Tele E. Business Fax I F. E-Mail Addres G. Number of Er H. Number of Ve I. List Equipment Chair So	NewRenewar							
K. Insurance Carrier, Agency, and Amount of Liability Insurance: Holland Insurance; 4 Million L. Type of zoning at the business location:								
Application FiledJA Application Fee Paid_JA Sent to DeptJAN - Not ApprovedReason	N - 4 2019 N - 4 2019 - 4 2019	For Office Use Only Parks Board App License Fee Paid License Number Plate Number(s)	JAN - 4 2019 19-7/26					

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III. APPLICANT'S PERSONAL DATA	
A. Applicant's Legal Name: Rickey Lopez	
B. Residential Address: 933 W Weber 39	-
city: South Bend state: n' zip: 4(01017	
C. Residential Telephone Number: 574 485 7713	
D. Cellphone Number: <u>574.485.7713</u>	
E. Position with Business: OWNER	
IV. OWNERS PERSONAL DATA	
A. Owners Legal Name: Kickey Lopez	
B. Residential Address: 933 W Weber 59	
city: South Bend State: In Zip: 4001	. 1
C. Residential Telephone Number: 574. 485. 7713	
D. Cellphone Number: 574. 485.7713	- 1
E. Position with Business: OWINER	-
V. EXPERIENCE / REFERENCES	
A. Are you familiar with prevalent tree and shrub diseases and competent to prescribe and	
apply control measures?	
Yes: X No: Explain Fully: It a thee or Should	ij.
needs fertilizer 1 apply fertilizer spiles	4
as needed, we do not apply any spraige, it	Po
B. What experience or training in tree surgery have you had? Explain Fully: 18 (1805 Of thee experience trimming)	S
Explain Fully: 18 years of thee experience, Trimmings,	0
Shapinas, and Terribuais.	duad
C. List below, the names and addresses of not less than four (4) clients where you have	92
recently performed work (include dates):	3
recently performed work (include dates): 1: Iris Hodge 11-16-18 Michigan City IN 2: Iris Read to 17:77.18 Frances St SB IN	. 8
2: 1/13/1 13/19/19 12 21/19	إ
3: 1m Collins 12.10.18 Miles, MI	
4: Jarrod Collins 11.02.18 Mishawaka, 12	33
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	D. Please list all previ	ous employment for three (3)	years prior to the date of t	his application:
	Company	Address	City, State, ZIP	Dates
	New Image -	The Service F	POST 7 year	<u>s</u>
	W			
	(Attach additional she	ets if necessary)		
	E. Do you have an Inte	ernational Society of Arboricu No:	lture certification?	
	If yes, submit a co	ppy of the certification with th	e application.	
VI. LISTE	INCLUDE CERTIFICATE (D AS AN ADDITIONAL CE	OF INSURANCE WITH APPLICA RTIFICATE HOLDER	ATION WITH THE CITY OF SC	OUTH BEND
VII.	INCLUDE \$5.00 PROCES	SSING FEE WITHAPPLICATION		
VIII.A	FFIRMATION			
(accurate to the best o mislead the City in thi inspection of my equi	affirm that all of the informat of my knowledge. I further cer is application by omitting fact pment by the Board of Park C ations of the Arborist license f	tify that I have in no way at s known to me. I agree to p Commissioners or their ager	ttempted to ermit periodic nt. I have read and
_	74	$\overline{}$	12	Z019
/	Signa	ture		Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/08/2018

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(les) 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).

	RODUCER		57	4-277-0234	CONTACT	Ray Bar	son				=======================================
HOLLAND INSURANCE GROUP 54081 N. Ironwood Rd.,			PHONE (A/C, No, Ext): 574-277-0234 FAX (A/C, No): 574-277-0286								
IP.	O. Box 6458				E-MAIL ADDRESS:		_		AUG, NO		
	outh Bend, IN 46660-6458 Barson				HERMESS		SUDEDICI AEE	ORDING COVERAGE			NA10 #
	y = -1.00//				INCHDED A			nce Company			NAIC#
INS	SURED New Image Tree Service LLC										16322
ı	933 W Weber Square				INSURER B: Progressive Ins. Co. INSURER C: The Travelers Ins. Co.						39047
1	South Bend, IN 46617										100047
ı			INSURER D:						+		
					INSURER E						7-11
C	OVERAGES CER	TICI	-AT	C NUMBER.	INSURER F	<u>: </u>		12 14 14 2 4 2 14 1 2 2 1 1 1 1 1 1 1 1	Lagranda -		
	THIS IS TO CERTIFY THAT THE POLICIES			ENUMBER:	VE DECK K	OOLIED TO		REVISION NUME	3ER:		or and a second second
(NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN	THE INSURANCE ASSORDS	OF ANY C	ONTRACT	OR OTHER	DOCUMENT WITH	DECDE	AT TA	ALUMATI THAT
INS	TYPE OF INSURANCE	ADDL INSD	SUBR	LIWITS SHOWN MAY HAVE	BEEN RED	OLICY EEE	PAID CLAIMS	·			
A		INSD	WVD	POLICY NUMBER	IMN	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
1000	CLAIMS-MADE X OCCUR			11/00/10/10				EACH OCCURRENCE		\$	1,000,000
	COMMISSIONE X OCCUR			WS348196	04/	/29/2018	04/29/2019	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	100,000
	<u> </u>							MED EXP (Any one per	rson)	\$	5,000
								PERSONAL & ADV INJ	JURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	TE	\$	2,000,000
	POLICY PRO-							PRODUCTS - COMPIC	P AGG	\$	2,000,000
-	OTHER:									s	
В	AUTOMOBILE LIABILITY	Ш						COMBINED SINGLE LI (Ea accident)	MIT	s	500,000
	ANY AUTO		06636154-0	06636154-0	03/	/20/2018	03/20/2019			s	
	OWNED AUTOS ONLY X SCHEDULED AUTOS	- 1	- 1					BODILY INJURY (Per a		s	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	1			1			PROPERTY DAMAGE (Per accident)	ccideraj	\$	
								(Fer accident)	1	s	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$		- 1					AGGREGATE		\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH-	3	
			E	6JUB-1K06602-6-17	12/0	04/2017	12/04/2018				100,000
	(Mandatory In NH)	N/A			1			E.L. EACH ACCIDENT		\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				- 1			E.L. DISEASE - EA EMP	-	3	500,000
	PERSONNET OF ETOTTIONS DRIGW	_	-					E.L. DISEASE - POLICY	LIMIT	5	500,000
	1										
						- 1	1				
VEEC.	PIDTON OF OPEN STONE IS TO SEE		_								
JESU	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	i01, Additional Romarks Schedule,	, may be attac	ched if more	space is require	d)			
											i i
											1
State 24 3	600-1 M.										
ER	TIFICATE HOLDER				CANCELL	ATION					
					SHOULD A	ANY OF TH	E ABOVE DE	SCRIBED POLICIES	BE CA	NCELL	ED BEFORE
	City of South Bend				ACCORDA	ANCE WITH	THE POLICY	PROVISIONS.	ILL BE	. DEL	IVERED IN
	Suite 1400 S			1		III CHEST HOUSE	BIOGRAPHIC SANTAGE CO.				

ACORD 25 (2016/03)

227 W Jefferson Blvd

South Bend, IN 46601

AUTHORIZED REPRESENTATIVE

Ray Barson