

CK#11923 \$75.50

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: Underly Tree Service

B. Business Address: 59960 Redwood Rd.  
City: South Bend State: IN Zip: 46628

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

D. Business Telephone Number: \_\_\_\_\_

E. Business Fax Number: \_\_\_\_\_

F. E-Mail Address: \_\_\_\_\_

G. Number of Employees: 2

H. Number of Vehicle Plates Needed: 3

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

2004 GMC 1500 Bucket Truck 2001 F550 Dump 2013 F550 Dump  
Chopper, Stump Grinder Kubota Tractor & Trailer

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

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

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Forbes, Vermont Bognone Inc.

Property owners Ins. Co 2,000,000

& Liberty Mutual 500,000

L. Type of zoning at the business location: \_\_\_\_\_

**For Office Use Only**

Application Filed FEB 11 2019 Parks Board Approval \_\_\_\_\_

Application Fee Paid FEB 11 2019 License Fee Paid FEB 11 2019

Sent to Dept. FEB 11 2019 License Number 19-912

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

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

Reason \_\_\_\_\_

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

#### III. APPLICANT'S PERSONAL DATA

A. Applicant's Legal Name: Thomas L. Underly  
B. Residential Address: 50960 Redwood Rd  
City: South Bend State: In Zip: 46628  
C. Residential Telephone Number: 574 272 8232  
D. Cellphone Number: 274 4715  
E. Position with Business: owner

#### IV. OWNERS PERSONAL DATA

A. Owners Legal Name: Thomas L. Underly  
B. Residential Address: 50960 Redwood  
City: South Bend State: In Zip: 46628  
C. Residential Telephone Number: 574 272 8232  
D. Cellphone Number: 274 4715  
E. Position with Business: owner

#### 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: Underly Tree Service  
Does not apply control measures.

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

Explain Fully: 31 year owner

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

Sept 5  
October 10  
Dec 5  
July 17

1:	<u>Autumn Lake Hpts</u>	<u>1109 Hidden Lakes</u>	<u>Mash 44</u>	<u>260 479 5107</u>
2:	<u>Indian Spring Apts</u>	<u>2609 Bow St</u>	<u>SB 46628</u>	<u>272 5011</u>
3:	<u>Drew Samglat</u>	<u>60736 Rue Palac West</u>	<u>SB 46614</u>	<u>386 6043</u>
4:	<u>Kaven Roash</u>	<u>1311 Hampshire</u>	<u>SB 46614</u>	<u>250 8054</u>

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

D. Please list all previous employment for three (3) years prior to the date of this application:

Company	Address	City, State, ZIP	Dates
<u>Haderby Tree</u>	<u>50960 Redwood Rd</u>	<u>So Bend IN 46628</u>	<u>1986-2019</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 CERTIFICATE HOLDER**

**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.

  
Signature

12-31-18  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/06/19

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).

<b>PRODUCER</b> <b>FORBES-VARNER &amp; BOGNAR, INC</b> <b>807 West Washington Street</b> <b>South Bend, IN 46601</b>	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): <b>(574)287-7293</b> FAX (A/C No.): <b>(574)232-8655</b> E-MAIL ADDRESS: <b>tedwas@msn.com</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #	
<b>INSURED</b> <b>THOMAS UNDERLY DBA UNDERLY TREE SERVICE</b> <b>UNDERLY TREE SERVICE</b> <b>50960 REDWOOD RD</b> <b>SOUTH BEND, IN 46628</b>	<b>INSURER A: PROPERTY OWNERS INS CO</b>	
	<b>INSURER B: LIBERTY MUTUAL</b>	
	<b>INSURER C: PROPERTY-OWNERS</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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	09643560-18	12/30/18	12/30/19	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		51-327-597-00	01/24/19	01/24/20	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$	
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 Y	N/A	WC5-348-087685-038	03/10/18	03/10/19	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

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

\* Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 months period in accordance with form 55300

**CERTIFICATE HOLDER****CANCELLATION**

City of South Bend Indiana  
 227 W Jefferson Blvd  
 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

*Jimmy L Puchowski*

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