

Rec No. 757318 \$75.50

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

I. APPLICATION TYPE Check One: New _____ Renewal

II. BUSINESS DATA

A. Business Name: Vera Cruz Tree Service

B. Business Address: 24265 Fillmore Rd.

City: South Bend State: Ind. Zip: 46619

C. Mailing Address (If different from above): NO

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574 288-6543

E. Business Fax Number: 574-288-5920

F. E-Mail Address: veracruztree@gmail.com

G. Number of Employees: 5

H. Number of Vehicle Plates Needed: 3

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

Chipper Truck, Dump Truck, Hi RANGER
Pickup.

J. Do you propagate your own stock? _____

Yes: No: _____

If No, where is stock purchased: _____

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Michigan Insur.
256-6707

L. Type of zoning at the business location: "R" Single Family district

For Office Use Only

Application Filed JAN 28 2019 Parks Board Approval _____

Application Fee Paid JAN 28 2019 License Fee Paid JAN 28 2019

Sent to Dept. JAN 28 2019 License Number 19-5243

Plate Number(s) _____

Not Approved _____

Reason _____

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III. PERSONAL DATA (for the individual taking the arborist test)

- A. Applicant's Legal Name: Vera Cruz
- B. Residential Address: 24265 Fillmore Rd.
City: South Bend. State: Ind. Zip: 46619
- C. Residential Telephone Number: _____
- D. Cellphone Number: 904-9577
- E. Position with Business: Owner

IV. EXPERIENCE / REFERENCES

- A. Are you familiar with prevalent tree and shrub diseases and competent to prescribe and apply control measures?

Yes: _____ No: Explain Fully: _____

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

Explain Fully: No

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

- 1: 235 N. Gladstone Ave S.B. F/1/59 Oct. 2
- 2: Breth-Riley S.B. Dnd.
- 3: St Joe County S.B. Ind.
- 4: Habitat For Humanity S.B. Ind. 288-6967

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

Company	Address	City, State, ZIP	Dates
<u>Breth-Riley</u>	_____	<u>South Bend Ind.</u>	<u>25 200 5123</u>
<u>St-Joe County</u>	<u>(John)</u>	<u>South Bend</u>	<u>235 7569</u>
<u>Habitat For Humanity</u>	_____	<u>South Bend.</u>	<u>402. E Souths</u>

(Attach additional sheets if necessary) 288-6967

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

Yes: _____ No:

If yes, submit a copy of the certification with the application.

For all municipal business license questions, contact: City of South Bend • Department of Community Investment
227 West Jefferson Blvd • Suite 1400 S • South Bend, Indiana 46601 • 574.235.5912 • F: 574.235.9021

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

V. INCLUDE CERTIFICATE OF INSURANCE WITH APPLICATION WITH THE CITY OF SOUTH BEND LISTED AS AN ADDITIONAL CERTIFICATE HOLDER


VI. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

VII. 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



Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/28/2019

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).

PRODUCER Michiana Insurance 1117 Lincolnway East Mishawaka IN 46544		CONTACT NAME: Nikole McCarthy PHONE (A/C, No, Ext): (574)256-6707 FAX (A/C, No): (574)807-9305 E-MAIL ADDRESS: Nikole@dacinsurance.com	
INSURED Vera-Cruz Tree Service 24265 Filmore Rd South Bend IN 46619		INSURER(S) AFFORDING COVERAGE INSURER A: First Chicago Insurance Co. NAIC # 13587 INSURER B: Progressive Insurance 38784 INSURER C: INSURER D: INSURER E: INSURER F:	

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	N	IGL 274550-04	10/27/2018	10/27/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	08261830	10/11/2018	10/11/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

City of South Bend
 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

Fax: Email:

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