

ICK 28285 \$5.00

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: Watson's Tree Service

B. Business Address: 2953 E. Detroit Rd.

City: Niles State: MI Zip: 49120

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 249-683-5305

E. Business Fax Number: 249-683-7333

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

G. Number of Employees: 6-10

H. Number of Vehicle Plates Needed: 0

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

(2) H-Roaders; (2) Chipper trucks; stump
Grinders; Trailers

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

If No, where is stock purchased: _____

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

~~1,000,000~~ 1,000,000

L. Type of zoning at the business location: _____

Bal - 81.00

For Office Use Only

Application Filed FEB 07 2019 Parks Board Approval _____

Application Fee Paid FEB 07 2019 License Fee Paid _____

Sent to Dept. FEB 07 2019 License Number 19-928

Plate Number(s) _____

Not Approved _____

Reason _____

1940

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

RESEARCH REPORT
NO. 100
BY
J. H. SCHUBERT

DEPARTMENT OF CHEMISTRY
UNIVERSITY OF CHICAGO

CHICAGO, ILLINOIS
1940

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

III. APPLICANT'S PERSONAL DATA

A. Applicant's Legal Name: Warren Watson
B. Residential Address: 1601 Tam-O-Shanter
City: Niles State: MI Zip: 49120
C. Residential Telephone Number: _____
D. Cellphone Number: 574-298-1368
E. Position with Business: Treasurer

IV. OWNERS PERSONAL DATA

A. Owners Legal Name: Thomas Watson
B. Residential Address: 1299 Celt Rd.
City: Niles State: MI Zip: 49120
C. Residential Telephone Number: 574
D. Cellphone Number: 574-220-9203
E. Position with Business: President

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: _____

B. What experience or training in tree surgery have you had?
Explain Fully: Attendance of classes @ Arborist Expo.

C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
1: Walsh & Kelly 11.1.2018 NOV. 2018
2: H. R. P. Construction 10.19.2018
3: Wolcast construction 12.2.2018
4: Fitschard Bros. 10.20.2018

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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 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.

Auisen Watsen
Signature

1-22-19
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/17/2019

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 Mahar Insurance Agency P.O. Box 388 Dowagiac MI 49047	CONTACT NAME: DAVE MAHAR
	PHONE (A/C, No, Ext): 269-782-8646 FAX (A/C, No): 269-782-7674
	E-MAIL ADDRESS: DAVE@MAHARINSURANCE.COM
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: MESA UNDERWRITERS
	INSURER B: NATIONAL INDEMNITY
	INSURER C: TRAVELERS
	INSURER D:
	INSURER E:
	INSURER F:

INSURED
WATSON'S TREE SERVICE & DIRT FARM INC
2953 E DETROIT RD
NILES MI 49120

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"/>	<input checked="" type="checkbox"/>	MP0021004000428	12/21/2018	12/21/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70APS061891 Primary & Non-Contributory	01/01/2018 01/01/2019	01/01/2019 01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>	XHU-1011833-6	12/21/2018	12/21/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9644L32A Broadform All States	10/02/2018	10/02/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER AS ADDITIONAL INSURED (NOTED ABOVE)

30 NOTICE OF CANCELLATION

CERTIFICATE HOLDER Additional Insured: City of South Bend 227 W Jefferson Blvd., Suite 1400 South 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 Megan <i>Megan</i> 01/17/2019
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