

CK# 50836 \$107.00

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

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name: Foegley Landscape Inc

B. Business Address: 52215 N Wlac Road

City: South Bend State: IN Zip: 46628

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-277-2424

E. Business Fax Number: 574-277-2492

F. E-Mail Address: john@foegleylandscape.com

G. Number of Employees: over 40 employees

H. Number of Vehicle Plates Needed: 12

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

Tree Spade USE of hand tools

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

If No, where is stock purchased: _____

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

see Attached

L. Type of zoning at the business location: R

Bal - 10.20 (late fee)

For Office Use Only

Application Filed FEB 28 2019 Parks Board Approval _____

Application Fee Paid FEB 28 2019 License Fee Paid FEB 28 2019

Sent to Dept. FEB 28 2019 License Number 19-5302

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: John Foegley
B. Residential Address: 52200 Wac Rd
City: South Bend State: IN Zip: 46628
C. Residential Telephone Number: _____
D. Cellphone Number: _____
E. Position with Business: owner / President

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Same AS Above
B. Residential Address: _____
City: _____ State: _____ Zip: _____
C. Residential Telephone Number: _____
D. Cellphone Number: _____
E. Position with Business: _____

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: Foegley landscape does not perform this service

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

- 1: SB Clinic 211 N Eddy St South Bend, IN
- 2: Allied Physicians 515 N Lafayette Blvd South Bend IN
- 3: PANUCA Building 416 E Monroe South Bend IN
- 4: Schaefer Gear 4701 Nimitz Pkwy South Bend IN

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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
<u>Fregley Landscape</u>	<u>IND</u>		<u>1985 - present</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

2.26.2019
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/27/2018

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(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 Gibson Insurance Agency, Inc. 130 S Main St, Ste 400 PO Box 11177 South Bend IN 46601-0177	CONTACT NAME: Ellie Lloyd PHONE (A/C, No, Ext): (800) 814-2122 FAX (A/C, No): (800) 836-2122 E-MAIL ADDRESS: elloyd@gibsonins.com																					
INSURED Robert Foegley Landscape Design & Contracting, Inc. dba Foegley Landscaping 52215 N Lilac Rd South Bend IN 46628	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>FCCI Ins Co</td> <td style="text-align: center;">10178</td> </tr> <tr> <td>INSURER B:</td> <td>National Trust Ins Co</td> <td style="text-align: center;">20141</td> </tr> <tr> <td>INSURER C:</td> <td>Accident Fund Gen Ins Co</td> <td style="text-align: center;">12304</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	FCCI Ins Co	10178	INSURER B:	National Trust Ins Co	20141	INSURER C:	Accident Fund Gen Ins Co	12304	INSURER D:			INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER:** 9-30-18/19 Liability **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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP00151366	09/30/2018	09/30/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA10000626502	09/30/2018	09/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UMB10001790301	09/30/2018	09/30/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV6133601	09/30/2018	09/30/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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 Suite 1400 S 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
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