

CK#54545 \$106.15

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

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name: Custom Moore Tree Reports Inc

B. Business Address: 12945 State Rd #23

City: Oranger State: IN Zip: 46530

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-272-1900

E. Business Fax Number: 272-1793

F. E-Mail Address: tree@Custommoore.com

G. Number of Employees: 4-7

H. Number of Vehicle Plates Needed: 9

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

Leafs, Loaders, chippers, Dumps, Stumpers, Sprayers,

Sprayers, CRAIR, Backhoe, Vactor, TRAILER, 4x4s

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

If No, where is stock purchased: 7 Nurseries & Brokers in our zone

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

Pekin, Rockstrol 2mil

L. Type of zoning at the business location: Commercial & Agriculture

For Office Use Only

Application Filed OCT 14 2020 Parks Board Approval _____

Application Fee Paid OCT 14 2020 License Fee Paid OCT 14 2020

Sent to Dept. OCT 14 2020 License Number ARB2020-004

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: David A Duncan
B. Residential Address: SAME AS OFFICE
City: _____ State: _____ Zip: _____
C. Residential Telephone Number: _____
D. Cellphone Number: 574-532-7643
E. Position with Business: President

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: David A Duncan
B. Residential Address: 12945 SR 23
City: GRANGER State: IN Zip: 46530
C. Residential Telephone Number: _____
D. Cellphone Number: 574-532-7643
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: My 42ND year Diagnostic Specialist
- B. What experience or training in tree surgery have you had?
Explain Fully: CFM 89th year
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
1: Wellfield Botanical Gardens Elk. This week
2: GEORGE MOLNAR 284-3079 Aug 2020
3: Christy Gillen 765-220-9373 Aug 2020
4: Ruth Roberts 287-0260 Sept 2020

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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
	ONLY Cfm		

(Attach additional sheets if necessary)

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

Yes: _____ No: _____ LAPST carried over 20 years

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

OH0415 I was a Guinea Pig that tested the test
Before it was released

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

10-7-2020

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/8/2020

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		CONTACT NAME:	
ROCKSTROH INS AGENCY INC		PHONE (A/C, No, Ext): (574)233-5136	FAX (A/C, No): (574)232-2991
333 N Lafayette Blvd		E-MAIL ADDRESS: rockagcy1@outlook.com	
South Bend, IN 46601-1208		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : PEKIN INSURANCE COMPANY	
INSURED		INSURER B : TRAVELERS INSURANCE COMPANY	
CUSTOM & MOORE TREE EXPERTS, INC.		INSURER C :	
DAVE DUNCAN		INSURER D :	
12945 STATE RD 23		INSURER E :	
GRANGER IN 46530		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 PRIMARY NON-CONTRIBUTORY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		00CL99070-S	7/29/2020	7/29/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		00P 579850	7/29/2020	7/29/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$
B	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	6JUB-0244M990	9/28/2020	9/28/2021	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 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	CANCELLATION
Dept. of Community Investment City of South Bend 227 W. Jefferson Blvd., Ste. 1400 S 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 <i>John F. Rockstroh</i>