

CK 5009 \$68.50

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: Fuerbringer Landscaping + Design, Inc.

B. Business Address: 22530 Brick Rd.

City: South Bend State: IN Zip: 46628

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-271-9714

E. Business Fax Number: 574-271-2861

F. E-Mail Address: contactus@fuerbringerlandscaping.com

G. Number of Employees: 25

H. Number of Vehicle Plates Needed: 1

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs:
Trucks, Bobcats, Kubota Tractor, HydroSeeder, Sod Layer, Edgers, Shovels, Rakes, Lawn Mowers, Blowers, Power Tree, Trimmers, Compactor

J. Do you propagate your own stock? Yes: _____ No:
If No, where is stock purchased: Various Nurseries: Red Hen Turf Farm, Northland Farms, Bluegrass Farms, Twinwood Nursery

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Hastings Mutual - Healy Group, Each occurrence \$1,000,000.00, pers. injury \$1,000,000.00 Gen. Agg. \$2,000,000.00, Umbrella \$5,000,000.00

L. Type of zoning at the business location: Residential with a variance

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For Office Use Only

Application Filed JAN 10 2022 Parks Board Approval _____

Application Fee Paid JAN 10 2022 License Fee Paid JAN 10 2022

Sent to Dept. JAN 10 2022 License Number ARB2022-005

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Daniel R. Fuerbringer
B. Residential Address: 22530 Brick Rd.
City: South Bend State: IN Zip: 46628
C. Residential Telephone Number: 574-271-9714
D. Cellphone Number: 574-532-5446
E. Position with Business: owner / President

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Daniel R. Fuerbringer
B. Residential Address: 22241 Red Rock Way
City: South Bend State: IN Zip: 46628
C. Residential Telephone Number: 574-532-5446
D. Cellphone Number: " "
E. Position with Business: owner / 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: over 30 years
of Horticulture experience & consultation with
Purdue University of Horticulture

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

Explain Fully: None

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

- 1: Cadet Constr @ Togo Seiko Morcau Ct. So. Bend 46628 - 2021
- 2: Ancor Const. - Victory Driveway - OR6 Elkhart - 2021
- 3: Renier Const. - Dayton Freight - Aeroplex Dr. Elkhart - 2021/22
- 4: Lawson-Danielson - Knox Comm. Schools - Redskin Tr. Knox - 2021

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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>owner of Fwerbringer Landscaping + Design, Inc. Since 1996</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
Dan Fwerbringer

January 4, '22
Date



FUERLAN-01

BGROSHANS

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
1/4/2022

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 The Healy Group, Inc. 17535 Generations Drive South Bend, IN 46635	CONTACT NAME: PHONE (A/C, No, Ext): (574) 271-6000	FAX (A/C, No): (574) 243-3214
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Hastings Mutual Ins. Co.		14176
INSURED Fuerbringer Landscaping & Design, Inc. 22530 Brick Rd. South Bend, IN 46628	INSURER B :	
	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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			CPP6102633	3/1/2021	3/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ACV6102634	3/1/2021	3/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			ULC6102636	3/1/2021	3/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	6102635	3/1/2021	3/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased Equipment			CPP6102633	3/1/2021	3/1/2022	\$500 ded 25,000
A	Installation Floater			CPP6102633	3/1/2021	3/1/2022	5,000

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

RE: Arborist License

CERTIFICATE HOLDER**CANCELLATION**

City of South Bend/St Joseph County
 125 S Lafayette 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