

CK 14952 \$ 5.00

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

I. APPLICATION TYPE Check One: New Renewal ✓

II. BUSINESS DATA

A. Business Name: Arborcare, Inc

B. Business Address: 12750 Kern Rd

City: Mishawaka State: IN Zip: 46544

C. Mailing Address (If different from above): PO Box 808

City: Mishawaka State: IN Zip: 46546-0808

D. Business Telephone Number: 574-255-7173

E. Business Fax Number: n/a

F. E-Mail Address: aarbor@sbcglobal.net

G. Number of Employees: 7

H. Number of Vehicle Plates Needed: 8

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: aerial lifts (3); chipper (1); mini skid-steer (1); bobcat (1); tractor (1); multiple chainsaws, polesaws, ladders

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: West Bend; Synergy; 2,000,000

L. Type of zoning at the business location: Agricultural

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Bal - 88.00

For Office Use Only

Application Filed JAN 14 2022 Parks Board Approval _____

Application Fee Paid JAN 14 2022 License Fee Paid _____

Sent to Dept. JAN 14 2022 License Number ARB2022-011

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: James Rudolph
B. Residential Address: 3423 Topsfield Dr.
City: South Bend State: IN Zip: 46614
C. Residential Telephone Number: 574-532-4909
D. Cellphone Number: Same
E. Position with Business: President/owner

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: See 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: We have 3 ISA-Certified Arborists + 2 OISC-Licensed Applicators who all undergo continuing ed. to maintain Credentials.
- B. What experience or training in tree surgery have you had?
Explain Fully: ISA + IAA Training courses, on the job experience of 30+ years.
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
1: Bill Ponko, 16000 Chandler Blvd, 46544, 1/4/22
2: Neovi Karakatsanis, 1231 E Wayne St S, 46615, 1/3/22
3: Joann Raber, 1819 Woodmont, 46614, 11/8/21
4: Kent Hull, 238 S Hawthorne, 46617, 11/24/21

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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: X 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

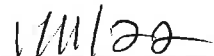
VII. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

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



Date



Sarah Nelson
IN-3457A

Expiration

ISA Certified Arborist®
ISA Tree Risk Assessment Qualified

30 Jun 2021
27 Sep 2023

International Society of Arboriculture



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2021

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 Synergy LLC 13800 Jackson Road Mishawaka IN 46544		CONTACT NAME: Jessica Roush PHONE (A/C, No. Ext): (574) 231-6574 E-MAIL ADDRESS: jroush@synergyinsurancegroup.com FAX (A/C, No): (574) 258-9177																						
INSURED Arborcare, Inc. 15511 Kelly Road Mishawaka IN 46544-9524		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td colspan="2">INSURER A: WEST BEND INS CO</td> <td>15350</td> </tr> <tr> <td colspan="2">INSURER B: American Interstate Ins. Co.</td> <td>24759</td> </tr> <tr> <td colspan="2">INSURER C:</td> <td></td> </tr> <tr> <td colspan="2">INSURER D:</td> <td></td> </tr> <tr> <td colspan="2">INSURER E:</td> <td></td> </tr> <tr> <td colspan="2">INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: WEST BEND INS CO		15350	INSURER B: American Interstate Ins. Co.		24759	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		A552370	1/19/2022	1/19/2023	EACH OCCURRENCE \$ 2,000,000 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			A552370	1/19/2022	1/19/2023	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			A552370	1/19/2022	1/19/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
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	AVWCIN2981652021	4/13/2021	4/13/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 City of South Bend Attn: Business Licensing Department of Community Investment 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 <i>Jessica Roush</i>
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