

CK19953 \$5.00

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: Kachur Tree Service LLC
B. Business Address: 316 Fulkerson Rd
City: Niles State: MI Zip: 49120
C. Mailing Address (If different from above): _____
City: _____ State: _____ Zip: _____
D. Business Telephone Number: 269-684-0664
E. Business Fax Number: 269-684-2264
F. E-Mail Address: info@kachurtreeservice.com
G. Number of Employees: 15-18
H. Number of Vehicle Plates Needed: 8
I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: _____
Bucket Lift, Chipper, Dump Truck, Stump grinder
J. Do you propagate your own stock? Yes: _____ No:
If No, where is stock purchased: _____
K. Insurance Carrier, Agency, and Amount of Liability Insurance: _____
John Scott Ins. 269-783-8722
\$1 million Liability w/\$1 million umbrella
L. Type of zoning at the business location: General Business + Industrial

CONTINUE TO NEXT PAGE
Bal \$40.00

For Office Use Only	
Application Filed <u>1-25-22</u>	Parks Board Approval _____
Application Fee Paid <u>1-25-22</u>	License Fee Paid _____
Sent to Dept. <u>JAN 26 2022</u>	License Number <u>ARB003-017</u>
	Plate Number(s) _____
Not Approved _____	
Reason _____	

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Michael Andrew Kachur
B. Residential Address: 2615 S. 13th St.
City: Niles State: MI Zip: 49120
C. Residential Telephone Number: 574-532-7344
D. Cellphone Number: 574-532-7344
E. Position with Business: Owner / operator

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Michael Andrew Kachur
B. Residential Address: 2615 S 13th St
City: Niles State: MI Zip: 49120
C. Residential Telephone Number: _____
D. Cellphone Number: 574-532-7344
E. Position with Business: Ower loperator

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: NIA

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

- 1: Notre Dame University, 105 Landscape Services, Notre Dame IN
- 2: Brandywine Public Schools 1830 S. 3rd St. Niles MI 49120
- 3: Oak Hill Condos 1720 South Bend Ave South Bend IN 46637
- 4: LakePines, 2665 LakePines Dr. St Joseph MI 49085

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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>Kachur Tree Service LLC</u>	<u>316 Fulkerson Rd</u>	<u>Niles MI 49120</u>	<u>1991 to Present</u>
_____	_____	_____	_____
_____	_____	_____	_____

(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.



Signature

1-19-22

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/19/2022

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 John Scott Insurance 105 Commercial St. Dowagiac, MI 49047	CONTACT NAME: Matt Kidwell PHONE (A/C, No, Ext): 269-782-2123 E-MAIL ADDRESS: matt@johnscottinsurance.com	FAX (A/C, No): 206-339-8224
	INSURER(S) AFFORDING COVERAGE	
INSURED Kachur Tree Service, LLC. Mike Kachur 316 Fulkerson Rd Niles, MI 49120-4427	INSURER A : NSI	NAIC # 15350
	INSURER B : Frankenmuth Mutual Insurance Company	13986
	INSURER C : Liberty Mutual Group	
	INSURER D : Progressive Insurance Company	10187
	INSURER E :	
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 00002672-4789827 **REVISION NUMBER:** 312

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: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		0695965	12/28/2021	12/28/2022	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
B	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6669358	12/28/2021	12/28/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Experience Mod \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			0695965	12/28/2021	12/28/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	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	WC5-39S-389249-019	03/16/2021	03/16/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Commercial Property			6669359	12/28/2021	12/28/2022	Commercial Property \$ 648,000
D				MC931028510	07/03/2021	07/03/2022	

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

Certificate holder is listed as an additional insured.

CERTIFICATE HOLDER**CANCELLATION**

City of South Bend
Dept of Community Investment
227 W Jefferson Boulevard Suite 1440 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

Math Kidwell

(MDK)

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