

CK 2077 \$82.50

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

I. APPLICATION TYPE Check One: New _____ Renewal ✓

II. BUSINESS DATA

A. Business Name: TOLC Tree Removal Incorporated
B. Business Address: 60859 Buyc Du Lac Dr. East
City: South Bend State: IN Zip: 46619
C. Mailing Address (If different from above): P.O. Box 1332
City: South Bend State: IN Zip: 46624
D. Business Telephone Number: 574-291-0233
E. Business Fax Number: -
F. E-Mail Address: MAN FIRE 2 @ AOL.COM
G. Number of Employees: 1
H. Number of Vehicle Plates Needed: 5
I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs:
Skid Steer, Stump Grader, Chain Saws, Blowers,
1 Pickup, 2 Dump Trucks, 2 Bucket Trucks
J. Do you propagate your own stock? Yes: _____ No: ✓
If No, where is stock purchased: NA
K. Insurance Carrier, Agency, and Amount of Liability Insurance:
Walker Hughes / 1,000,000
= 1 mil.
L. Type of zoning at the business location: Commercial / Pending

For Office Use Only

Application Filed FEB 07 2022 Parks Board Approval _____
Application Fee Paid FEB 07 2022 License Fee Paid FEB 07 2022
Sent to Dept. FEB 07 2022 License Number ARB2022-027
Plate Number(s) _____

Not Approved _____
Reason _____

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III. APPLICANT'S PERSONAL DATA

A. Applicant's Legal Name: Tracey A Conway
B. Residential Address: 60859 Rue Du Lac Dr. F
City: South Bend State: IN Zip: 46614
C. Residential Telephone Number: 574-291-0233
D. Cellphone Number: 574-276-3582
E. Position with Business: Owner / CEO

IV. OWNERS PERSONAL DATA

A. Owners Legal Name: Tracey A Conway
B. Residential Address: 60859 Rue Du Lac Dr.
City: South Bend State: IN Zip: 46614
C. Residential Telephone Number: 574-291-0233
D. Cellphone Number: 574-276-3582
E. Position with Business: Owner

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: I just cut down trees & do some minor trimming

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

Explain Fully: NONE, I just remove trees etc.

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

- 3-10-21 1: Linda Coppins / 1010 Lakeside = 574-4235
- 4-15-21 2: Patricia Schleg / 406 S Reed St North Liberty, IN = 46554-707
- 6-22-21 3: James Andrews / 304 Liberty, North Liberty, IN / 574-250-7432
- 1-3-22 4: Queen of Peace Church - 4508 Westlake Rd, Mishawaka, IN = 255-9674

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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
TLC Tree Removal	P.O. Box 1332	South Bend, IN	1998 - Present
South Bend Fire Dept.	12225 Michigan St.	South Bend	1997 - Present
N/A			

(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

Should of Been Sent

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

1-31-22
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/01/2022

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 Lee WalkerHughes Insurance 331 S Eddy St South Bend IN 46634		CONTACT NAME: Lesli Haughan PHONE (A/C, No, Ext): (574) 234-7788 E-MAIL ADDRESS: l.haughan@walkerhughes.com FAX (A/C, No):	
INSURED TLC Tree Removal, Inc PO Box 1332 South Bend IN 46624		INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Mutual NAIC # 15350 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 21/22 **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:			0669790	04/27/2021	04/27/2022	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 Additional Insured \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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. Ste. 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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