

CK 12870 \$75.50

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

I. APPLICATION TYPE Check One: New Renewal 2022

II. BUSINESS DATA

A. Business Name: Underly Tree Service

B. Business Address: 50960 Redwood Rd.
City: South Bend State: Indiana Zip: 46628

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

D. Business Telephone Number: 574 272 8232

E. Business Fax Number: _____

F. E-Mail Address: Cunderly @ Yahoo Dot Com

G. Number of Employees: 2

H. Number of Vehicle Plates Needed: 3

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

2004 GMC 7500 bucket truck, Ford 2019 450, Chippewash
Rego Stampgrinder, Katko Tractor, trailer, Rego

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

If No, where is stock purchased: _____

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

Property Owners Ins, Forbes Varnert Boyner 2,000,000
Liberty Mutual, Forbes Varnert Boyner 1,500,000

L. Type of zoning at the business location: (2336191)

CONTINUE TO NEXT PAGE

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 ARB2022-028

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Thomas L. Underly
B. Residential Address: 50960 Redwood Rd
City: South Bend State: Indiana Zip: 46628
C. Residential Telephone Number: 674 272 8232
D. Cellphone Number: 274 4715
E. Position with Business: owner

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Same
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: Underly Tree Service does not prescribe apply control measures.

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

Explain Fully: owner Underly Tree 36 years

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

1:	<u>Ken Dye</u>	<u>318 Pokagon</u>	<u>210 4964</u>	<u>10-10-21</u>
2:	<u>Debbie Pajak</u>	<u>25308 Grant</u>	<u>301 9278</u>	<u>3-5-21</u>
3:	<u>Curry</u>	<u>435 Walkawa</u>	<u>303 9748</u>	<u>8-15-21</u>
4:	<u>Mike Rafinski</u>	<u>53195 Blackfern</u>	<u>292 3807</u>	<u>1-15-22</u>

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14
22
36
years

D. Please list all previous employment for three (3) years prior to the date of this application:

Company	Address	City, State, ZIP	Dates
Underly Tree	5096 Redwood	So Bend In 46628	2086 2022

(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

1-25-2021

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/31/2022

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 FORBES-VARNER & BOGNAR INC 807 West Washington Street South Bend, IN 46601	CONTACT NAME: FVB PHONE (A/C, No, Ext): (574)287-7293	FAX (A/C, No): (574)232-9655
	E-MAIL ADDRESS: tedwas@msn.com	
INSURED THOMAS UNDERLY DBA UNDERLY TREE SERVICE UNDERLY TREE SERVICE 50960 REDWOOD RD SOUTH BEND, IN 46628	INSURER(S) AFFORDING COVERAGE	
	INSURER A: PROPERTY OWNERS INS CO	
	INSURER B: LIBERTY MUTUAL	
	INSURER C:	
	INSURER D:	
	INSURER E:	


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 SUBR INSD 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 OTHER:		09643560-21	12/30/2021	12/30/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		51-327-597-00	1/24/2022	1/24/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Y N/A	WC5-34S-087685-041	3/10/2021	3/10/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-FR E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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)

* Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 months period in accordance with form 55300

CERTIFICATE HOLDER City of South Bend Indiana 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 
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