

CK1129 \$96.00

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: Douglas Mishawaka Tree Service Inc

B. Business Address: 11303 Edison Rd.

City: OSCEOLA State: IN Zip: 46561

C. Mailing Address (If different from above): P.O. Box 751

City: mishawaka State: IN Zip: 46561

D. Business Telephone Number: 574-259-5700

E. Business Fax Number: 574-259-5784

F. E-Mail Address: DouglasMishawakaTree@yahoo.com

G. Number of Employees: 5

H. Number of Vehicle Plates Needed: 6

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

Crane, Bucket, Dump Truck, Bobcat
chipper + Truck, stump grinders, saws

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

If No, where is stock purchased: _____

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

DAC Insurance (574-256-6707)

5 million Nicole

L. Type of zoning at the business location: _____

CONTINUE TO NEXT PAGE

For Office Use Only

Application Filed MAR 15 2022 Parks Board Approval _____

Application Fee Paid MAR 15 2022 License Fee Paid MAR 15 2022

Sent to Dept. MAR 15 2022 License Number ARB2022-036

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Doug Whittaker
B. Residential Address: 11303 Edison Rd.
City: OSCEOLA State: IN Zip: 46561
C. Residential Telephone Number: _____
D. Cellphone Number: 574-292-1263
E. Position with Business: _____

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: //
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: _____

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

Explain Fully: Cabeling + Brcing.

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

- 1: Phillip Murphy 10551 McKinley (osc)
- 2: Austin Fernbaugh 11545 Edison Rd. (osc)
- 3: Lee Caldwell 2120 E McKinley
- 4: South Bend molding mishawaka. 605 S Laurel

CONTINUE TO NEXT PAGE

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MUNICIPAL CODE SECTION - 4-19**

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

Company	Address	City, State, ZIP	Dates
<u>Dougs Misk Tree</u>	<u>11303 Edison Pk</u>	<u>OSC, IN, 46561</u>	<u>1989-present</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

2-29-22

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/09/2022

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 DAC Insurance Inc. 1117 Lincolnway East Mishawaka IN 46545 INSURED Doug's Mishawaka Tree Service 11303 Edison Rd Osceola IN 46561	CONTACT NAME: Nikole McCarthy PHONE (A/C, No, Ext): (574)256-6707 FAX (A/C, No): (574)807-9305 E-MAIL ADDRESS: Nikole@dacinsurance.com <table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td colspan="2">INSURER A : Atlantic Casualty</td> <td style="text-align: center;">000000</td> </tr> <tr> <td colspan="2">INSURER B : Progressive Insurance</td> <td style="text-align: center;">38784</td> </tr> <tr> <td colspan="2">INSURER C : Liberty Mutual Insurance</td> <td style="text-align: center;">000000</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 : Atlantic Casualty		000000	INSURER B : Progressive Insurance		38784	INSURER C : Liberty Mutual Insurance		000000	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			M211000991-5	11/22/2021	11/22/2022	<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 4,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 4,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 2,000,000	GENERAL AGGREGATE	\$ 4,000,000	PRODUCTS - COMP/OP AGG	\$ 4,000,000		\$		
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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-716169-021	03/26/2021	03/26/2022	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;">PER STATUTE</td> <td style="width: 5%;">OTH-ER</td> <td style="width: 85%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td>E.L. EACH ACCIDENT \$ 100,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE \$ 100,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td>E.L. DISEASE - POLICY LIMIT \$ 500,000</td> </tr> </table>		PER STATUTE	OTH-ER					E.L. EACH ACCIDENT \$ 100,000				E.L. DISEASE - EA EMPLOYEE \$ 100,000				E.L. DISEASE - POLICY LIMIT \$ 500,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Tree Service

CERTIFICATE HOLDER**CANCELLATION**

City of South Bend Department of Community Investment 227 W Jefferson Blvd Suite 1400 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
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Fax: Email: Madams@southbendin.gov

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ACORD 25 (2016/03)

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