

CK 5754 \$72.00  
COI exp. 8-10-22

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

I. APPLICATION TYPE Check One: New  Renewal

II. BUSINESS DATA

A. Business Name: ENVIRONISION INC

B. Business Address: 3205 BREMEN HWY.

City: MISHAWAKA State: IN Zip: 46544

C. Mailing Address (If different from above): PO BOX 582

City: MISHAWAKA State: IN Zip: 46546

D. Business Telephone Number: 574-259-4357

E. Business Fax Number: \_\_\_\_\_

F. E-Mail Address: \_\_\_\_\_

G. Number of Employees: 1

H. Number of Vehicle Plates Needed: 2

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

(2) ONE TON CHEVY TRUCK  
TRAILER SPRAYER

J. Do you propagate your own stock? Yes: X No: \_\_\_\_\_

If No, where is stock purchased: MCKINLEY TERRACE GARDEN CENTER

K. Insurance Carrier, Agency, and Amount of Liability Insurance: ALLIED PROPERTY &

CASUALTY INS CO. - NATIONWIDE INS \$2,000,000

(SEE ENCLOSED DECLARATION SHEET)

L. Type of zoning at the business location: SZ

CONTINUE TO NEXT PAGE

**For Office Use Only**

Application Filed JAN 10 2022 Parks Board Approval \_\_\_\_\_

Application Fee Paid JAN 10 2022 License Fee Paid JAN 10 2022

Sent to Dept. JAN 10 2022 License Number ARB2022-004

Plate Number(s) \_\_\_\_\_

**MAR 24 2022** - Rec. Cert. of Ins. **MAR 25 2022** - Sent to B. Thompson

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

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

### III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: ENVIRONISION INC
- B. Residential Address: 3205 BREMEN HWY  
City: MISHAWAKA State: IN Zip: 46544
- C. Residential Telephone Number: 574-259-4357
- D. Cellphone Number: \_\_\_\_\_
- E. Position with Business: \_\_\_\_\_

### IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: WALTER KANOFF
- B. Residential Address: 3205 BREMEN HWY  
City: MISHAWAKA State: IN Zip: 46544
- C. Residential Telephone Number: 574-259-4357
- D. Cellphone Number: \_\_\_\_\_
- E. Position with Business: PRESIDENT

### V. EXPERIENCE / REFERENCES

- A. Are you familiar with prevalent tree and shrub diseases and competent to prescribe and apply control measures?

Yes: X No: \_\_\_\_\_ Explain Fully: \_\_\_\_\_  
LICENSED STATE APPLICATOR SINCE 1984 W/ ONGOING TRAINING & EDUCATION @ PURDUE UNIV.

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

Explain Fully: INVOLVED IN TREE AND LANDSCAPE WORK SINCE 1976. CONTINUALLY STUDY NEW TRENDS AND DEVELOPMENTS.

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

1:	<u>SCS CREDIT CORP</u>	<u>900 E. COLFAX S.B.</u>	<u>NOV 2021</u>
2:	<u>INSTANT AUTO FINANCE</u>	<u>2119 LWV MISHAWAKA</u>	<u>NOV 2021</u>
3:	<u>LINDA DUSHI</u>	<u>748 RIVER PONTE MISHAWAKA</u>	<u>OCT 2021</u>
4:	<u>STAN BLENKE</u>	<u>61495 MIAMI MEADOWS S.B.</u>	<u>OCT 2021</u>

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

Company	Address	City, State, ZIP	Dates
<i>Self-employed</i>			

(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.

*Walt R. [Signature]*

Signature

*1-5-22*

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/06/2022

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b>	
NATIONWIDE SALES SOLUTIONS		PHONE (A/C, No, Ext):	
1100 LOCUST ST		FAX (A/C, No):	
DES MOINES IA 50391-1100		E-MAIL ADDRESS:	
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
ENVIROVISION INC		<b>INSURER A:</b> ALLIED PROPERTY AND CASUALTY INS COMPA	
PO BOX 582		<b>INSURER B:</b>	
MISHAWAKA IN 46546-0582		<b>INSURER C:</b> Jacqueline Miller	
		<b>INSURER D:</b> D 888-508-8622	
		<b>INSURER E:</b> F: 866-402-4381	
		<b>INSURER F:</b> j.miller3@nationwide.com	

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			ACP GLPO 3100210078	08/10/2021	08/10/2022	EACH OCCURRENCE	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						PERSONAL & ADV INJURY	\$ 1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
							PER STATUTE	
							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****CANCELLATION**

City of South Bend Indiana 227 W Jefferson Blvd, Suite 1400S 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 Jacqueline D Miller
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