

Rec. 883278 \$42.00

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: ALG Tree Service

B. Business Address: 5216 Greenleaf Ln

City: South Bend State: IN Zip: 46619

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574 276 7810

E. Business Fax Number: _____

F. E-Mail Address: batman6407@yahoo.com

G. Number of Employees: 2

H. Number of Vehicle Plates Needed: 2

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

Truck and boat

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

If No, where is stock purchased: _____

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

L. Type of zoning at the business location: _____

CONTINUE TO NEXT PAGE

For Office Use Only 11/21 Em COI to Brent T.

Application Filed NOV 07 2022 Parks Board Approval _____

Application Fee Paid NOV 07 2022 License Fee Paid NOV 07 2022

Sent to Dept. _____ License Number ARB2022-040

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: ALG Tree Service
B. Residential Address: 5216 Greenleaf LN
City: South Bend State: IN Zip: 46619
C. Residential Telephone Number: 574 276 7810
D. Cellphone Number: 574 276 7810
E. Position with Business: owner

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Anthony L Grundy
B. Residential Address: 5216 Greenleaf LN
City: S.B. State: IN Zip: 46619
C. Residential Telephone Number: 574 276 7810
D. Cellphone Number: 574 276 7810
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: X No: _____ Explain Fully: 4hr Training

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

Explain Fully: Classes and on the job Training

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

- 1: DeGraene Myra 25594 Scent Trail Fox Run 11/1/22
- 2: Kelly Porter 21423 Ravenna Dr 10/25/22
- 3: Emily DeLoover 50799 Woodbrook Dr 10/20/22
- 4: Barry SKALSKI 1605 West 6th Street Mishawaka 10/10/22

CONTINUE TO NEXT PAGE

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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
City of S.B.	321 Walters	South Bend IN 46619	8/31/92 - Now
_____	_____	_____	_____
_____	_____	_____	_____

(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.

Online credential verification included 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



Date

Find an Arborist

- > [Find an Arborist](#)
- > [Verify an ISA Credential](#)

[Home](#) [Find an Arborist](#) [Verify an ISA Credential](#)

Credential Verification

Name search 'Grundy' returned 2 records

[Back to Search](#)

<u>First Name</u>	<u>Last Name</u>	<u>City</u>	<u>State \ Province</u>	<u>Country</u>	<u>Credentials</u>
Neil M.	Grundy	North Vancouver	BC	CANADA	ISA Certified Arborist ISA Tree Risk Assess
Anthony L.	Grundy	South Bend	IN	UNITED STATES	ISA Certified Arborist

[Explanation of ISA certification credentials](#)

[Explanation of ISA qualifications](#)



International Society of Arboriculture
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Email comments and questions to ISA
Monday, November 07, 2022 11:46:29 AM (EST/ISA Headquarters Time)
[Please click here to view our privacy policy.](#)

Michelle Adams

From: Michelle Adams
Sent: Monday, November 7, 2022 12:00 PM
To: progressivecommercial@email.progressive.com
Subject: Anthony Grundy COI

Good afternoon,

RE: Anthony Grundy/ALG Tree Service – 5216 Greenleaf Ln., South Bend IN 46619

Will you please send me a current Certificate of Liability Insurance with the City of South Bend as the Certificate Holder, the address is listed in my signature line below. For an arborist/tree service company, the insurance prerequisites are as follows:

Before an arborist's license is issued the applicant shall be required to file with the Controller a certificate of insurance as proof that the licensee is carrying public liability insurance in an amount of not less than one hundred thousand dollars (\$100,000.00) for injury to or destruction of property as a result of any one (1) occurrence, and three hundred thousand dollars (\$300,000.00) for accidental bodily injury including death of a member of the public, and a limit of one million dollars (\$1,000,000.00) for all public liability from any one (1) occurrence, or such greater amount as may be established by the Board of Park Commissioners. The proof of insurance shall be filed each year before an annual license is granted, and the licensee shall promptly notify the Controller in writing of any change in the licensee's insurance company or coverage during the license year.

Thank You,



Michelle Adams
City of South Bend
Business License Administrator
Department of Community Investment
227 W. Jefferson Blvd., Suite 1400 S.
South Bend, IN 46601
(574)235-5912

NOV 10 2022 - No COI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2022

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 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		CONTACT NAME: Don Juan Hollingsworth Sr	
American Family Brokerage Inc 6000 American Parkway		PHONE (A/C, No, Ext): (574) 233-3400	FAX (A/C, No):
Madison WI 53783		E-MAIL ADDRESS: dholling@amfam.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A: BAUS - Evanston Insurance Company	
Grundy, Anthony ALG Tree Service LLC 5216 Greenleaf Ln		INSURER B:	
South Bend IN 46619		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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:			3AA620358	11/15/2022	11/15/2023	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 \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB 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)

NOV 21 2022 MA

CERTIFICATE HOLDER**CANCELLATION**

CITY OF SOUTH BEND (FOR TREE WORK) 227 W. JEFFERSON BLVD STE 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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