

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

I. APPLICATION TYPE Check One: New \_\_\_\_\_ Renewal X

II. BUSINESS DATA

A. Business Name: Above & Beyond Tree and Shrubbery SVC.

B. Business Address: 1505 S. Walnut St.

City: South Bend State: IN Zip: 46619

C. Mailing Address (If different from above): 59937 Red Fox Ct.

City: South Bend State: IN Zip: 46614

D. Business Telephone Number: 574-334-0521

E. Business Fax Number: n/a

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

G. Number of Employees: 4-6

H. Number of Vehicle Plates Needed: 6

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

bucket truck, chipper, 3 pick-ups, 2 dumptrucks, chain saws, tools, 2 skid steers, stump grinder

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

If No, where is stock purchased: McKinley Terrace, Roseland Fruit & Garden, Ginger Valley

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

Pekin, Danbury, \$1-2 million

Liberty Mutual - Danbury, \$100k-500k

L. Type of zoning at the business location: light industrial

Bal = 86.00

For Office Use Only

Application Filed JAN 28 2019 Parks Board Approval \_\_\_\_\_

Application Fee Paid JAN 28 2019 License Fee Paid JAN 28 2019

Sent to Dept. JAN 28 2019 License Number 19-7114

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

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

Reason \_\_\_\_\_

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Caleb Franklin
- B. Residential Address: 59937 Red Fox Ct.  
City: South Bend State: IN Zip: 46614
- C. Residential Telephone Number: 574-334-0521
- D. Cellphone Number: 574-334-0521
- E. Position with Business: owner/operator

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Caleb Franklin
- B. Residential Address: 59937 Red Fox Ct.  
City: South Bend State: IN Zip: 46614
- C. Residential Telephone Number: \_\_\_\_\_
- D. Cellphone Number: 574-334-0521
- E. Position with Business: owner/operator

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: I am familiar with prevalent diseases and basic treatment. Anything more complicated I would refer out.
- B. What experience or training in tree surgery have you had?  
Explain Fully: worked 6+ yrs in tree service before starting my own company.
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
- 1: The CASIE Center, 533 N. Niles Ave, SBend IN 9/4/18
  - 2: Alicia Archer 17345 Fergus Dr. SBend IN 10/20/18
  - 3: Joel Pest 51696 Ironwood Rd SBend IN 11/20/18
  - 4: Neil Plouhar 17411 Batties Rd SBend IN 11/24/18

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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
<u>Above Beyond</u>	<u>57937 Red Fox Ct</u>	<u>South Bend IN 46604</u>	<u>10/2013 - current</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

E. Do you have an International Society of Arboriculture certification?

Yes: \_\_\_\_\_ No: K


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 CERTIFICATEHOLDER**

**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

1/25/19  
\_\_\_\_\_  
Date



ABOV&amp;BE-01

BRETT

# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
**07/31/2018**

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> Dan Berry Insurance Agency Inc. 54101 Ironwood Road South Bend, IN 46637	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (574) 255-6222 <b>FAX (A/C, No):</b> (574) 254-2630 <b>E-MAIL ADDRESS:</b> business@dbimail.com														
<b>INSURED</b>  Above & Beyond Tree and Shrubbery Service Inc 59937 Red Fox Ct, South Bend, IN 46614	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Pekin Insurance Company</td> <td style="text-align: center;">24228</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Pekin Insurance Company	24228	INSURER B :		INSURER C :		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"/> <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"/> PROJECT <input type="checkbox"/> LOC OTHER:			CL0186295	05/01/2018	05/01/2019	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPIOP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				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 227 West 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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