

1) CK# 13322 \$5.00

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

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name: Arborcare, Inc.

B. Business Address: 15511 Kelly Rd.

City: Mishawaka State: IN Zip: 46544

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-255-7173

E. Business Fax Number: _____

F. E-Mail Address: aarbor@sbcglobal.net

G. Number of Employees: 8

H. Number of Vehicle Plates Needed: 7

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: 2 Lifts, 2 chip trucks, dump truck, 2 spray trucks, 2 pickups, bobcat, 2 chippers, 2 mini-skid loaders, chainsaws etc.

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: Carrier: West Bend Mutual Ins. Co

Agency: Synergy Ins. Amt: \$2,000,000

L. Type of zoning at the business location: Agricultural

Bal - 84.50

For Office Use Only	
Application Filed <u>JAN 28 2019</u>	Parks Board Approval _____
Application Fee Paid <u>JAN 28 2019</u>	License Fee Paid _____
Sent to Dept. <u>JAN 28 2019</u>	License Number <u>19-2909</u>
	Plate Number(s) _____
Not Approved _____	
Reason _____	

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: James Rudolph
- B. Residential Address: 62222 Elm Rd.
City: Mishawaka State: IN Zip: 46544
- C. Residential Telephone Number: 574-532-4909
- D. Cellphone Number: 574-532-4909
- E. Position with Business: President

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: James Rudolph (see above)
- 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: We have two ISA Certified Arborists and a person on staff who holds their OISC Certified Applicator license (category 3a).

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

Explain Fully: ISA Continuing education for the past 20 years (approx.), trained on the job under master's level arborist for 6 years, started working on trees in

- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates): 1980

- 1: Ernestine Raclin, 3601 Erskine Ct., South Bend, IN 46614 10/10/18
- 2: Mary Kloska 1329 E. Woodside St. South Bend IN 46614 12/17/18
- 3: Jack Hiler 2910 York Rd. South Bend IN 46614 10/11/18
- 4: Brian Bernth 2407 Topswood Ln. South Bend IN 46614 11/16/18

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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
N/A			

(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.

S. Nelson

Signature

1/22/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/17/2019

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 Synergy Insurance Group 13800 Jackson Road Mishawaka, IN 46544-9195 Bryan K. Nafrady, CLU, ChFC	574-258-5555	CONTACT NAME: Bryan K. Nafrady, CLU, ChFC PHONE (A/C, No, Ext): 574-258-5555 E-MAIL ADDRESS: bnafrazy@synergyinsurancegroup.com	FAX (A/C, No): 574-258-9177
	INSURER(S) AFFORDING COVERAGE INSURER A : West Bend Mutual Ins. Co. INSURER B : Allied National Companies INSURER C : INSURER D : INSURER E : INSURER F :		NAIC # 15350

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			A552370 00	01/19/2019	01/19/2020	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A552370 00	01/19/2019	01/19/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ waived			A552370 00	01/19/2019	01/19/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 Pers & Ad \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	AVWCIN2591822017	04/13/2018	04/13/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 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)

CERTIFICATE HOLDER BUSLICI Business License Administrator Dept. of Community Investment Michelle Adams 227 W. Jefferson Suite 1400 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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