

Rec # 460167 \$86.⁰⁰

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

I. APPLICATION TYPE Check One: New _____ Renewal

II. BUSINESS DATA

A. Business Name: Carrillo's Landscaping

B. Business Address: 433 S Carlisle st

City: South Bend State: IN Zip: 46619

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-318-1363

E. Business Fax Number: _____

F. E-Mail Address: _____

G. Number of Employees: 2

H. Number of Vehicle Plates Needed: 6

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

Trimmers, diggers, lawn mowers, weed cutters, blowers

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

If No, where is stock purchased: _____

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

Salinas Insurance, agent Rogelio Salinas,

liability \$1,000,000

L. Type of zoning at the business location: Residential

For Office Use Only

Application Filed JAN - 4 2019 Parks Board Approval _____

Application Fee Paid JAN - 4 2019 License Fee Paid JAN - 4 2019

Sent to Dept. JAN - 4 2019 License Number 19-8286

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

A. Applicant's Legal Name: Bernardo Carrillo Del Real
B. Residential Address: 433 S Carlisle st
City: South Bend State: IN Zip: 46619
C. Residential Telephone Number: 574-315-1228
D. Cellphone Number: 574-315-1228
E. Position with Business: Owner

IV. OWNERS PERSONAL DATA

A. Owners Legal Name: Bernardo Carrillo Del Real
B. Residential Address: 433 S Carlisle st
City: South Bend State: IN Zip: 46619
C. Residential Telephone Number: 574-315-1228
D. Cellphone Number: 574-315-1228
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: No: Explain Fully: Treat the tree with fungicide
Choose a fungicide that treats the type of fungal infection in the
tree, while others are watered into the roots. Continue to follow the
treatment schedule on the package

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

Explain Fully: I am a professional in the practice of arboriculture, I
cultivate, manage and study individual trees, shrubs, vines and other
perennial woody plants in dendrology and horticulture

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

- 1: Edgar Gomez 1340 Fairfax Dr South Bend IN 46614 -
- 2: Hermitage S Condominium Association P.O Box 2627 SB IN 46680
- 3: Philip M Petrie 1912 Eagle Point South Bend IN 46628
- 4: Carol Ann Smith 15497 Bennington Granger IN 46530

06/02/18
11/01/18
10/14/18
08/20/18

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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>Carrillo's Landscaping</u> | <u>433 S Carlisle</u> | <u>South Bend IN 46619</u> | <u>01/01/2014</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 CERTIFICATEHOLDER

VII. INCLUDE \$5.00 PROCESSING FEE WITHAPPLICATION

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

01/02/2019
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2019

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 | | CONTACT NAME: Daniela A Hajicek | |
| Salinas Insurance Agency Inc Local 2 | | PHONE (A/C, No, Ext): (574)404-6767 | FAX (A/C, No): (574)404-6769 |
| 928 S Mayflower Rd | | E-MAIL ADDRESS: daniela@salinasagency.com | |
| Suite B | | INSURER(S) AFFORDING COVERAGE | |
| South Bend IN 46619 | | INSURER A: Erie Ins Exch | NAIC # 26271 |
| INSURED | | INSURER B: | |
| Carrillo's Landscaping | | INSURER C: | |
| Bernardo Carrillo Del Rey Db | | INSURER D: | |
| 433 S Carlisle St | | INSURER E: | |
| South Bend IN 46619-3316 | | 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 | N | N | Q27-2721694 | 03/27/2018 | 03/27/2019 | EACH OCCURRENCE | \$ 500000 |
| | <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | MED EXP (Any one person) | \$ 5000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PERSONAL & ADV INJURY | \$ 500000 |
| | OTHER: | | | | | | GENERAL AGGREGATE | \$ 1000000 |
| | AUTOMOBILE LIABILITY | | | | | | PRODUCTS - COMP/OP AGG | \$ 1000000 |
| | ANY AUTO | | | | | | | \$ |
| | OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | HIRED AUTOS ONLY | | | | | | BODILY INJURY (Per person) | \$ |
| | SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | UMBRELLA LIAB | | | | | | | \$ |
| | EXCESS LIAB | | | | | | EACH OCCURRENCE | \$ |
| | DED | | | | | | AGGREGATE | \$ |
| | RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE | OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | N/A | | | | E.L. EACH ACCIDENT | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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 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 |

Fax: Email:

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ACORD 25 (2016/03)

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