

CK# 5424 \$72.00

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

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name: ENVIROVISION 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: _____

1989 CHEVY TRUCK

SPRAY TRAILER

J. Do you propagate your own stock? Yes: _____ No: NOT CURRENTLY

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

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

NATIONWIDE INS. / 2,000,000 COVERAGE

ALDRIDGE INS. CO.

L. Type of zoning at the business location: SZ

For Office Use Only

JAN 10 2019

Application Filed _____ Parks Board Approval _____

Application Fee Paid JAN 10 2019 License Fee Paid JAN 10 2019

Sent to Dept. JAN 10 2019 License Number 19-1722

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: WALTER KANOFF
- B. Residential Address: 3205 BREMEN HWY
City: MISHAWAKA State: IN Zip: 46524
- C. Residential Telephone Number: 574-259-4357
- D. Cellphone Number: _____
- E. Position with Business: PRESIDENT

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: SAME AS 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: 40 YEARS EXPERIENCE,

IN. LICENSED PESTICIDE APPLICATOR

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

Explain Fully: SAME AS ABOVE / ONGOING STUDY AND RESEARCH.

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

- 1: SCS CREDIT CORP. 900 E COLCAX, So. BEND 11/18
- 2: MR./MRS MARTINO 51132 HIGH MEADOW, GRANGER 10/18
- 3: MR/MRS CUMMINS 51140 DEER PATH, GRANGER, IN 10/18
- 4: MR/MRS RESCHLY 19882 ALOU, S. BEND 10/18

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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
ENVIROVISION INC			

(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.

W. R. Klob

Signature

1/5/19

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/24/2018

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 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 Aldridge Insurance 1323 North Ironwood South Bend IN 46615		CONTACT NAME: Randy Beckham PHONE (A/C, No, Ext): FAX (A/C, No): 5742328232 E-MAIL ADDRESS:	
INSURED Envirovision Inc P O Box 582 Mishawaka IN 46546		INSURER(S) AFFORDING COVERAGE INSURER A: Allied General Agency Company NAIC # 000000 INSURER B: PROGRESSIVE SOUTHEASTERN INS CO 38784 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 SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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:	N	N	ACP7184620651	08/10/2018	08/10/2019	EACH OCCURRENCE \$ 100000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 100000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COM/OP AGG \$ 2000000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	N	N	08081140	06/05/2018	12/05/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100000 BODILY INJURY (Per accident) \$ 300000 PROPERTY DAMAGE (Per accident) \$ 100000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

Re: Arborist license

CERTIFICATE HOLDER City of South Bend Controller, County City Building 227 W. Jefferson Blvd. - Suite 1400S 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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 ACORD 25 (2014/01)

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