

1) CK# 21319 \$15.00

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

I. APPLICATION TYPE Check One: New \_\_\_\_\_ Renewal  IN-3430-A

ISA CERTIFIED ARBORIST IN 2130 A

II. BUSINESS DATA

A. Business Name: MAT Corporation of Michigan DBA Mark Temple Tree Service

B. Business Address: 202 So. Olive Street  
City: South Bend State: IN Zip: 46619

C. Mailing Address (If different from above): 28296 Inwood Road  
City: North Liberty State: IN Zip: 46554

D. Business Telephone Number: 574-232-2700

E. Business Fax Number: 574-232-2757

F. E-Mail Address: mark-temple-tree@aol.com

G. Number of Employees: varies from 2 to 6

H. Number of Vehicle Plates Needed: 5 Five

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs:  
03 Int ATree 92 WT Dump 92 Int Dump 94 F700 Dump  
99 F-450 dump 99 Bandit Chipper 99 Rayco Grubber 91 Rayco

J. Do you propagate your own stock? Yes: \_\_\_\_\_ No:   
If No, where is stock purchased: \_\_\_\_\_

K. Insurance Carrier, Agency, and Amount of Liability Insurance: CRS Insurance Brokerage: Commercial Risk Solutions  
Continental Casualty \$2M

L. Type of zoning at the business location: Heavy Industrial

Bal = 77.50

| For Office Use Only  |                     |                      |                     |
|----------------------|---------------------|----------------------|---------------------|
| Application Filed    | <u>JAN - 7 2019</u> | Parks Board Approval | _____               |
| Application Fee Paid | <u>JAN - 7 2019</u> | License Fee Paid     | <u>JAN - 7 2019</u> |
| Sent to Dept.        | <u>JAN - 7 2019</u> | License Number       | <u>19-2625</u>      |
|                      |                     | Plate Number(s)      | _____               |
| Not Approved         | _____               |                      |                     |
| Reason               | _____               |                      |                     |

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#### III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Mark Andrew Temple
- B. Residential Address: 28296 Inwood Rd  
City: North Liberty State: IN Zip: 46554
- C. Residential Telephone Number: \_\_\_\_\_
- D. Cellphone Number: 574-276-4097
- E. Position with Business: Owner/Sales

#### IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: ↑
- 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: Arborist IN 3430A
- B. What experience or training in tree surgery have you had?  
Explain Fully: Arborist IN 3430A
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
- 1: Mini Storage Depot 6482 Brick Rd Dec. 2018
  - 2: John Sours Jr. 1704 Hoover Ave Dec. 2018
  - 3: Crumstown Cemetery 59336 Crumstown Dec. 2018
  - 4: Derald Van Overbeke 57080 Poppy Rd Dec. 2018

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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>owned this business since 1996</u><br><u>&amp; worked for family beforehand.</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 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

1-2-19  
Date





Mark A. Temple  
IN-3430A

Expiration

ISA Certified Arborist®

30 Jun 2020

International Society of **Arboriculture**



JAN - 7 2019

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/3/2019

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**  
Commercial Risk Solutions  
6600 E Hampden Ave Ste 200  
Denver CO 80224

**CONTACT NAME:** Amber Hernandez  
**PHONE (A/C, No, Ext):** 303-996-7861  
**FAX (A/C, No):** 303-757-7719  
**E-MAIL ADDRESS:** ahernandez@crsdenver.com

**INSURED** MATCO-1  
MAT Corp of Michiana, Inc.  
28296 Inwood Road  
North Liberty IN 46554

| INSURER(S) AFFORDING COVERAGE |                           | NAIC # |
|-------------------------------|---------------------------|--------|
| INSURER A :                   | CNA                       | 20478  |
| INSURER B :                   | Continental Casualty Co.  | 20443  |
| INSURER C :                   | Continental Insurance Co. | 35289  |
| INSURER D :                   |                           |        |
| INSURER E :                   |                           |        |
| INSURER F :                   |                           |        |

### COVERAGES

CERTIFICATE NUMBER: 868579523

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                                                                                                                                                                                                                                          |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 5095668841    | 9/1/2018                | 9/1/2019                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 15,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY     |           |          | 5095668824    | 9/1/2018                | 9/1/2019                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                 |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                                             |           |          | 5095668810    | 9/1/2018                | 9/1/2019                | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000<br>\$                                                                                                                                                                                    |
| C        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                          |           | N/A      | 5095668838    | 9/1/2018                | 9/1/2019                | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>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)  
All policy terms, conditions and exclusions apply.

### CERTIFICATE HOLDER

### CANCELLATION

The City of South Bend  
227 W. Jefferson Blvd, Suite 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

*Sherry McEwan*

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