

CK#11775 \$86.00

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

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

II. BUSINESS DATA

A. Business Name: SAM - MAP TREES & MAINT.

B. Business Address: 54555 PINE RD.

City: So. Bend, State: IN. Zip: 46628

C. Mailing Address (If different from above): N/A

City: N/A State: N/A Zip: N/A

D. Business Telephone Number: 574-286-6884

E. Business Fax Number: 574-232-3225

F. E-Mail Address: SAMMARTOOL@NET2000.NET

G. Number of Employees: 4

H. Number of Vehicle Plates Needed: 6

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

(2) Bucket Trucks (1) Bucket Chauler, (2) Chippers, 1 CRANE  
(3) Dump Trucks, (2) Skid Steers

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

If No, where is stock purchased: Down Trees & OUT TOO PINEWOOD

K. Insurance Carrier, Agency, and Amount of Liability Insurance: LUANN SHARPS INS.

1,000,000 Liability

L. Type of zoning at the business location: AGRICULTURAL

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 19-2343

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

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

Reason \_\_\_\_\_

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

III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: FRANK W. MARTINEZ  
B. Residential Address: 54555 Dims Rd.  
City: So-Bend, State: IN Zip: 46628  
C. Residential Telephone Number: 574-232-6081  
D. Cellphone Number: 574-286-6884  
E. Position with Business: OWNER

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: \_\_\_\_\_  
B. Residential Address: SAME AS ABOVE  
City: \_\_\_\_\_ State: ABOVE 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: N/A No: N/A Explain Fully: N/A  
WE JUST CUT DOWN TREES & TRIM AS PER CLIENTS REQUEST
- B. What experience or training in tree surgery have you had?  
Explain Fully: 15 yrs EXPERIENCE
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):  
1: Jean Dehart, 52241 N. LEE, S.B., IN.  
2: CHAM 54299 TARRANCE, S.B. IN.  
3: PATTERSON 112 E. 12TH Mishawaka  
4: Tenny Opaczewski 58375 PEAR Rd. S.B. IN

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

D. Please list all previous employment for three (3) years prior to the date of this application:

Company	Address	City, State, ZIP	Dates
<i>Began in business for more than 17 yrs.</i>			
<i>was self employed before that as</i>			
<i>Tree &amp; Die</i>			

(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.

*Frank J. Hardy*  
Signature

1-1-19  
Date

<u>ROUTE</u>	<u>CARRIER</u>		<u>DRAW</u>	<u>Size</u>	<u>BUNDLES</u>	<u>LOOSE</u>
RV7459	OFFICE-RV7459	METRO WEST	<b>38</b>	15	<b>2</b>	<b>8</b>
			<b>BUSINESS</b>	80	<b>0</b>	<b>38</b>
RV7506	OFFICE-RV7506 (CHRISTINE BAYNE)	METRO WEST	<b>127</b>	15	<b>8</b>	<b>7</b>
			<b>BUSINESS</b>	80	<b>1</b>	<b>47</b>
RV7536	OFFICE-RV7536	METRO WEST	<b>114</b>	15	<b>7</b>	<b>9</b>
			<b>BUSINESS</b>	80	<b>1</b>	<b>34</b>
RV7539	OFFICE-RV7539	METRO WEST	<b>97</b>	15	<b>6</b>	<b>7</b>
			<b>BUSINESS</b>	80	<b>1</b>	<b>17</b>
RV7551	OFFICE-RV7551	METRO WEST	<b>142</b>	15	<b>9</b>	<b>7</b>
			<b>BUSINESS</b>	80	<b>1</b>	<b>62</b>
PR5225	PATRICIA PEDEN	METRO WEST	126		8	6
PR5237	PATRICIA PEDEN	METRO WEST	180		12	0
			<b>306</b>	15	<b>20</b>	<b>6</b>
			<b>BUSINESS</b>	80	<b>3</b>	<b>66</b>
PR5412	RACHELLE MOORE	METRO WEST	<b>88</b>	15	<b>5</b>	<b>13</b>
			<b>BUSINESS</b>	80	<b>1</b>	<b>8</b>
PR8518	RANDY WALLIN	METRO WEST	117		7	12
PR8525	RANDY WALLIN	METRO WEST	96		6	6
	BULK DROP	METRO WEST	12		0	12
			<b>225</b>	15	<b>14</b>	<b>15</b>
			<b>BUSINESS</b>	80	<b>2</b>	<b>65</b>
PR5226	RHONDA NIESPODZIANY	METRO WEST	132		8	12
	GPM FAST MART	METRO WEST	25		1	10
PR5230	RHONDA NIESPODZIANY	METRO WEST	110		7	5
PR5235	RHONDA NIESPODZIANY	METRO WEST	164		10	14
			<b>431</b>	15	<b>28</b>	<b>11</b>
			<b>BUSINESS</b>	80	<b>5</b>	<b>31</b>
PR8213	RICHARD MITCHELL	METRO WEST	101		6	11
PR8224	RICHARD MITCHELL	METRO WEST	166		11	1
			<b>267</b>	15	<b>17</b>	<b>12</b>
			<b>BUSINESS</b>	80	<b>3</b>	<b>27</b>
RV7579	RICHARD S JOHNSTONE	METRO WEST	<b>148</b>	15	<b>9</b>	<b>13</b>
			<b>BUSINESS</b>	80	<b>1</b>	<b>68</b>
MI5282	ROBIN HERBISON	METRO EAST	305		20	5
MI5903	ROBIN HERBISON	METRO EAST	234		15	9
			<b>539</b>	15	<b>35</b>	<b>14</b>
			<b>BUSINESS</b>	80	<b>6</b>	<b>59</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/08/2018

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).

### PRODUCER

Lu Ann Shaffer Insurance Agency, Inc  
1730 Miami St

South Bend IN 46613-2820

### CONTACT

NAME: Megan M McNamara

PHONE (A/C, NO, EXT): 574-234-1224

FAX (A/C, NO): 574-234-4161

E-MAIL ADDRESS: megan.LSHAFER@FARMERSAGENCY.COM

### INSURER(S) AFFORDING COVERAGE

NAIC #

### INSURED

MARTINEZ, FRANK  
DBA: SAN MAR TREE MAINTENANCE  
54555 PINE ROAD  
SOUTH BEND IN 46628

INSURER A: NORTHFIELD INSURANCE COMPANY

INSURER B: PROGRESSIVE SOUTHEASTERN INS CO

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 NAME 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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	X		WS023672	08/25/2018	08/25/2019	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC OTHER:						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			03887280	08/12/2018	08/12/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY						SCHEDULED AUTOS NON-OWNED AUTOS ONLY
	UMBRELLA LIAB EXCESS LIAB						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTHER \$
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED / (Mandatory in IN)	Y/N		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)

SAN MAR TREE MAINTENANCE

### CERTIFICATE HOLDER

CITY OF SOUTH BEND  
Department of Community Investment  
227 W JEFFERSON BLVD. STE 1400 S  
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

*Megan M McNamara*