

CK# 60313178

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

I. APPLICATION TYPE Check One: New _____ Renewal

II. BUSINESS DATA

A. Business Name: Trugreen

B. Business Address: 3606 Gagnon ST.

City: SOUTH BEND State: IN Zip: 46628

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-233-9700

E. Business Fax Number: 574-233-5467

F. E-Mail Address: MikeStout@Trugreenmail.com

G. Number of Employees: 3

H. Number of Vehicle Plates Needed: 3

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

Spray Trucks

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: _____

ARTHUR J. Gallagher risk Management

L. Type of zoning at the business location: LI

For Office Use Only

Application Filed APR 15 2019 Parks Board Approval _____

Application Fee Paid APR 15 2019 License Fee Paid APR 15 2019

Sent to Dept. APR 15 2019 License Number 19-1417

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Mike Stout
- B. Residential Address: 18422 Northrop Dr.
City: Coosher State: In Zip: 46526
- C. Residential Telephone Number: ~~574~~
- D. Cellphone Number: 574-532-0278
- E. Position with Business: Service Manager

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Truogreen LTD.
- B. Residential Address: 3606 Gagnon St
City: South Bend State: In Zip: 46628
- C. Residential Telephone Number: 574-233-9760
- D. Cellphone Number: 574-532-0278
- E. Position with Business: General Manager

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: 3A licensed for 25 years
- B. What experience or training in tree surgery have you had?
Explain Fully: 25 years
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
- | | | | |
|----|------------------------|--------------------------|-----------------|
| 1: | <u>Mike Stout</u> | <u>18422 Northrop Dr</u> | <u>6/7/18</u> |
| 2: | <u>Roger Fairchild</u> | <u>Mishawaka</u> | <u>10/15/18</u> |
| 3: | <u>Eric Stokes</u> | <u>Mishawaka</u> | <u>10/18/18</u> |
| 4: | <u>Bill Hughes</u> | <u>Stevensville MI</u> | <u>9/24/18</u> |

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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>Trugreen</u>	<u>3606 Gagnon ST</u>	<u>SOUTH BEND 46628</u>	<u>LAST 25 years</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.

Michael J. Stens
Signature

2/28/19
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2018

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 Arthur J. Gallagher Risk Management Services, Inc. 8 Cadillac Drive, Suite 200 Brentwood TN 37027	CONTACT NAME: JoAnn Warpool PHONE (A/C, No, Ext): 615-377-5153 E-MAIL ADDRESS: JoAnn_Warpool@ajg.com	FAX (A/C, No): 615-263-5853	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED TRUGHOL-01 TruGreen Limited Partnership 1790 Kirby Parkay Forum II Tower Memphis TN 38138	INSURER A : Commerce and Industry Insurance Company		19410
	INSURER B : National Union Fire Insurance Company of Pittsburg		19445
	INSURER C : New Hampshire Insurance Company		23841
	INSURER D :		
	INSURER E :		
INSURER F :			

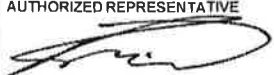
COVERAGES **CERTIFICATE NUMBER:** 1963344590 **REVISION NUMBER:**

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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pest/Herb Appl <input checked="" type="checkbox"/> \$1,000,000 Ded GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	GL4611444	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 3,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 20,000,000 PRODUCTS - COMP/OP AGG \$ In \$20,000,000 \$
B B B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> \$1000000 Ded <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	CA7093392 CA7093393 CA7093394	1/1/2019 1/1/2019 1/1/2019	1/1/2020 1/1/2020 1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C C C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	WC013778995 WC013778989 WC013778994	1/1/2019 1/1/2019 1/1/2019	1/1/2020 1/1/2020 1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 If required by written contract per forms listed, Certificate Holder is included as an Additional Insured under the General Liability per form CG2010 04/13 and CG2037 04/13 and Automobile Liability policies CA7093392-87950 9/14; CA7093393 per form CA2048 2/99 and CA7093394 form MM9950 9/98. Waiver of Subrogation applies to the General Liability per form CG2404 5/09, Automobile Liability per form 62897 6/95 and Workers' Compensation policies per form WC000313 4/84; WC420304B 6/14-TX; WC040361 11/90-CA. The General Liability policy is primary per forms 90534 3/06 or 83644 8/12 if required by written contract, the automobile policy is primary per form #74445 10/99 if required by written contract. General Liability Coverage has Pesticide or Herbicide Applicator Endorsement 30 day notice of cancellation applies per these forms: Auto-#CA7093392 -form #10-7414 3/11; #CA7093393-form107414 3/11; General Liability Form #107414 3/11; Workers Comp-Policy#WC013778995-form #99056 4/11; Policy#WC013778996-form #99056 4/11; Policy#WC013778990-form #99056 4/11; Policy#WC013778994-form #99056 4/11; Policy#WC013778989-form #99056 4/11 All Workers See Attached...

CERTIFICATE HOLDER**CANCELLATION**

City of South Bend 227 W. Jefferson Blvd. Suite 1200 N South Bend IN 46601 USA	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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