

CK15789 \$75.50

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

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name: Douglas Landscape, Inc.

B. Business Address: 23590 Ardmore Trail

City: South Bend State: IN Zip: 46628

C. Mailing Address (If different from above): PO Box 3630

City: South Bend State: IN Zip: 46619

D. Business Telephone Number: 574-287-8968

E. Business Fax Number: 574-287-8199

F. E-Mail Address: jenny.douglas.landscape@yahoo.com

G. Number of Employees: 10

H. Number of Vehicle Plates Needed: 3

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

Tree Spade

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: West Bend Mutual

Insurance Group - 1st Source Insurance \$1,000.00

L. Type of zoning at the business location: Commercial / Industrial

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For Office Use Only

Application Filed JAN 05 2022 Parks Board Approval _____

Application Fee Paid JAN 05 2022 License Fee Paid JAN 05 2022

Sent to Dept. JAN 05 2022 License Number ARB2022-001

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Douglas R. Pittman
B. Residential Address: 68015 Lane Rd.
City: Edwardsburg State: MI Zip: 49112
C. Residential Telephone Number: —
D. Cellphone Number: 574-876-2758
E. Position with Business: President

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Douglas R. Pittman
B. Residential Address: 68015 Lane Road
City: Edwardsburg State: MI Zip: 49112
C. Residential Telephone Number: —
D. Cellphone Number: 574-876-2758
E. Position with Business: President

V. EXPERIENCE / REFERENCES

- A. Are you familiar with prevalent tree and shrub diseases and competent to prescribe and apply control measures?

Yes: X No: — Explain Fully: We are licensed
with the Indiana State Chemist

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

Explain Fully: Staff carries Associates + Bachelors
Degree in Ornamental Horticulture

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

- 1: Honeywell - 3520 Westmoor SB, IN 46628 2001 - Present
- 2: History Museum - 808 W. Washington St., SB, IN 46601 2004 - present
- 3: Fmc - 6201 Nimitz Parkway, SB, IN 46628 2007 - present
- 4: Studebaker Museum - 201 Chapin St., SB, IN 46601 2006 - present

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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
Self Employed			
X	✓	X	X

(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

12-31-21

Date



DOUGLAN-01

LDOBROWSKI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2021

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 1st Source Insurance, Inc. 6909 Grape Road Mishawaka, IN 46545	CONTACT NAME: Linda S. Dombrowski, AAI, AINS, AIS PHONE (A/C, No, Ext): (574) 271-5200 E-MAIL ADDRESS: dombrowskil@1stsource.com	FAX (A/C, No): (574) 271-5240
	INSURER(S) AFFORDING COVERAGE	
INSURED Douglas Landscape, Inc 23590 Ardmore Trail South Bend, IN 46628	INSURER A: West Bend Mutual Ins. Co.	NAIC # 15350
	INSURER B:	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Included <input checked="" type="checkbox"/> CG2503 Per Proj Aggr GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			A622193	6/3/2021	6/3/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Prop Dmg Deduct \$ 1,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A622193	6/3/2021	6/3/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			A622193	6/3/2021	6/3/2022	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 \$500 Deductible 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			A622184	6/3/2021	6/3/2022	
A	Errors & Omissions			A622193	6/3/2021	6/3/2022	

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
Business License Administrator
Department of Community Investment
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

Linda S. Dombrowski