

CK 6859 \$100.00

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: Miramontes Tree Service

B. Business Address: 50177 Pine Rd

City: South Bend State: IN Zip: 44619

C. Mailing Address (If different from above): same

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Business Telephone Number: 574-286-1428

E. Business Fax Number: N/A

F. E-Mail Address: gilberto.miramontes@att.net

G. Number of Employees: 3-three

H. Number of Vehicle Plates Needed: 10-ten

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

Hi-range chipper, stump grinder, Hedge trimmer, skid loader

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

If No, where is stock purchased: Local nursery

K. Insurance Carrier, Agency, and Amount of Liability Insurance: \_\_\_\_\_

Michiana Insurance - Liability Insurance - 254-6707 - \$1,000,000.00 (one million)

L. Type of zoning at the business location: residential

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For Office Use Only

Application Filed JAN 10 2022 Parks Board Approval \_\_\_\_\_

Application Fee Paid JAN 10 2022 License Fee Paid JAN 10 2022

Sent to Dept. JAN 10 2022 License Number ARB2022-006

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: Gilberto Miramontes
- B. Residential Address: 50177 Pine Rd.  
City: South Bend State: IN Zip: 46619
- C. Residential Telephone Number: 574-234-9728
- D. Cellphone Number: 574-334-0482
- E. Position with Business: OWNER - CEO

#### 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: When asked by customers, we roam & dispense of any & all diseased shrubs or trees.

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

Explain Fully: on the job training for the last 2 1/2 years.

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

- 1: Richard Cwik - 55940 Raintree Rd. - 274-9709 10/3/13
- 2: Serena Hawley - 1013 E. Jefferson - 312-523-8500 8/1/13
- 3: Michael Spalding - 1714 E. LaSalle Ave - 234-5641 8/8/13
- 4: Jerome McMahon - 2011 E. Jefferson - 233-3991 10/3/13

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**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
self-employed			

(Attach additional sheets if necessary)

E. Do you have an International Society of Arboriculture certification?

Yes: \_\_\_\_\_ No:

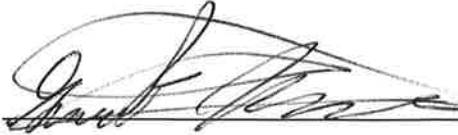
If yes, submit a copy of the certification with the application.

**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

1/2/2022  
Date



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
01/03/2022

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).

<b>PRODUCER</b> DAC Insurance Inc. 1117 Lincolnway East  Mishawaka IN 46545		<b>CONTACT NAME:</b> Nikole McCarthy <b>PHONE (A/C, No, Ext):</b> (574)256-6707 <b>E-MAIL ADDRESS:</b> Nikole@dacinsurance.com <b>FAX (A/C, No):</b> (574)807-9305	
<b>INSURED</b>  Miramontes Tree Service 56177 Pine Rd.  South Bend IN 46619		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Scottsdale Insurance Co. NAIC # 41297 INSURER B : Progressive Insurance 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 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS7347159	05/06/2021	05/06/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			03271183	10/21/2021	10/21/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 25,000 BODILY INJURY (Per accident) \$ 50,000 PROPERTY DAMAGE (Per accident) \$ 25,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input type="checkbox"/> N	N/A			PER STATUTE OTH-ER 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)

Tree Servicing

<b>CERTIFICATE HOLDER</b>  City of South Bend Department of Community Investment 227 W Jefferson Blvd Suite 1400 S  South Bend IN 46601	<b>CANCELLATION</b>  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 <i>Nikole McCarthy</i>
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