

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

I. APPLICATION TYPE Check One: **New** \_\_\_\_\_ **Renewal** \$5.00 Public Portal \_\_\_\_\_

### II. BUSINESS DATA

A. Business Name: Above & Beyond Tree and Shrubbery Service

B. Business Address: 24961 SR 23 Hwy.

City: South Bend State: IN Zip: 46614

C. Mailing Address (If different from above): \_\_\_\_\_

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

D. Business Telephone Number: 574-334-0521

E. Business Fax Number: \_\_\_\_\_

F. E-Mail Address: operations@goabteam.com or service@goabteam.com

G. Number of Employees: 17

H. Number of Vehicle Plates Needed: 10

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

2 bucket trucks, 1 spider lift, 2 chippers, 2 chipper trucks, 2 dump trucks, stump grinder, 3 mini skid-steers,

2 bobcats, 4 pick up trucks, all necessary tools etc

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

If No, where is stock purchased: Local greenhouses/nurseries

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

Pekin Insurance \$1 million

L. Type of zoning at the business location: n/a

**Balance Due - \$95.00**

### For Office Use Only

Application Filed February 4, 2022 Parks Board Approval \_\_\_\_\_

Application Fee Paid RST2022-062 License Fee Paid \_\_\_\_\_

Sent to Dept. RST2022-062 License Number ARB2022-026

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

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

Reason \_\_\_\_\_

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### III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: \_\_\_\_\_
- B. Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- C. Residential Telephone Number: \_\_\_\_\_
- D. Cellphone Number: \_\_\_\_\_
- E. Position with Business: \_\_\_\_\_

### IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Caleb Franklin
- B. Residential Address: 24116 CR 24  
City: South Bend State: IN Zip: 46517
- C. Residential Telephone Number: \_\_\_\_\_
- D. Cellphone Number: 574-298-4835
- E. Position with Business: Owner Email: caleb@goabteam.com

### 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: \_\_\_\_\_  
Familiar with common diseases and basic treatment. We do not apply treatments. Would refer out to a specialist.
- B. What experience or training in tree surgery have you had?  
Explain Fully: Worked 6+ years for tree service before starting this company in 2013
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
- 1: Matt Boughner/51861 Beech Rd Granger IN/repeat client since 2017
  - 2: Rodney McDonald/23230 Adams Rd South Bend IN/repeat client since 2018
  - 3: Marge Moody/18125 Brightling Sea Place South Bend IN/repeat client since 2017
  - 4: Denise Wolfe/2919 Edison Rd South Bend IN/repeat client since 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>SELF EMPLOYED</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

February 4, 2022 Online Renewal  
\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2021

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).

<b>PRODUCER</b> Dan Berry Insurance Agency Inc. 54101 Ironwood Road South Bend, IN 46637	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(574) 255-6222</b> E-MAIL ADDRESS: <b>business@dbimail.com</b>	<b>FAX (A/C, No): (574) 254-2630</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  <b>Above &amp; Beyond Tree and Shrubbery Service Inc</b> <b>59937 Red Fox Ct,</b> <b>South Bend, IN 46614</b>	<b>INSURER A :</b> Pekin Insurance Company	<b>NAIC #</b> 24228
	<b>INSURER B :</b> Liberty Mutual Insurance	<b>NAIC #</b> 23043
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

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 INSR	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	CL0186295	5/1/2021	5/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 100,00 MED EXP (Any one person) \$ 5,00 PERSONAL & ADV INJURY \$ 1,000,00 GENERAL AGGREGATE \$ 2,000,00 PRODUCTS - COMP/OP AGG \$ 2,000,00	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			005847810	8/4/2021	8/4/2022	COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			005956866	3/9/2021	3/9/2022	EACH OCCURRENCE \$ 1,000,00 AGGREGATE \$ 1,000,00	
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	WC5-39S-377038-011	9/14/2021	9/14/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 500,00 E L DISEASE - EA EMPLOYEE \$ 500,00 E L DISEASE - POLICY LIMIT \$ 500,00	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 City of South Bend is listed as an additional insured

**CERTIFICATE HOLDER****CANCELLATION**

City of South Bend  
 Department of Community Investment  
 227 West Jefferson Blvd Ste 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  
