

989 50

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

I. APPLICATION TYPE Check One: New  Renewal

II. BUSINESS DATA

A. Business Name: B.I. Tree Service

B. Business Address: 24685 NOSH Ave

City: South Bend State: IN Zip: 46619

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

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

D. Business Telephone Number: 574 246-0993 / (574 220 0111 cell

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

F. E-Mail Address: B.I.Treeservice@icdn.com

G. Number of Employees: 4

H. Number of Vehicle Plates Needed: 5

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

Removing Trimming: Bucket Truck, Chip Truck  
Stump grinder, bob cat, dump truck, spider lift

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

If No, where is stock purchased: Don't plant

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

L. Type of zoning at the business location: \_\_\_\_\_

CONTINUE TO NEXT PAGE

**For Office Use Only**

Application Filed JAN 06 2022 Parks Board Approval \_\_\_\_\_

Application Fee Paid JAN 06 2022 License Fee Paid JAN 06 2022

Sent to Dept. JAN 06 2022 License Number ARB 2022-003

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: \_\_\_\_\_
- 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: Bulmaro miramentes
- B. Residential Address: 24685 Nash Ave  
City: South Bend State: IN Zip: 46619
- C. Residential Telephone Number: 574 246 0993
- D. Cellphone Number: 574 220 0111
- E. Position with Business: owner

### 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: Will not be prescribing- will subcontract another arborist

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

Explain Fully: 16

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

- 1: Lisa Marshall 574 904 4941 14768 Day Rd Mich
- 2: Sharon 574 292 2298
- 3: Klm Dukes 574 315 4932 56265 chapel Ln sb
- 4: Ryan hunsberger 574 245-0270 58511 Ireland trail sb

CONTINUE TO NEXT PAGE

**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
<u>B.I. Tree service</u>	<u>24685 North Ave</u>	<u>South Bend</u> <u>IN 46619</u>	<u>4-19-2010</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

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

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

Bulmaro Mbramantes  
Signature

1-6-22  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2022

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> McCartney Insurance 1402 Portage ave  South Bend IN 46616	<b>CONTACT NAME:</b> Ashleigh Eisele <b>PHONE (A/C, No, Ext):</b> (574) 287-8704 <b>E-MAIL ADDRESS:</b> ashleigh@mccartneyins.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  B1 Tree Service 24685 NASH AVE  SOUTH BEND IN 46619	<b>INSURER A:</b> Scottsdale Insurance	<b>NAIC #</b>
	<b>INSURER B:</b>	
	<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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS7202511	07/29/2021	07/29/2022	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 \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N if yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 service

**CERTIFICATE HOLDER****CANCELLATION**

City of South Bend

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

*Ashleigh Eisele*

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**INDIANA** USA OPERATOR LICENSE TEMPORARY

bmvi.in.gov  
PETER L. LACY, COMMISSIONER



DLN 9370-22-5413 EXP 05/06/2022



1 MIRAMONTES MONTALVO  
2 BULMARO

24686 NASH AVE  
SOUTH BEND, IN 46819

9 CLASS NONE 10 END NONE

12 RES 9

15 SEX M 16 HGT 5'09" 17 WGT 182 lb

18 EYES BRO 19 HAIR BLK

3 DOB 11/15/1978 4a ISS 11/05/2021

5 ID 11052173500084



11/15/78

12 K  
Adverse information available