For all municipal business license questions, contact: City of South Bend • Department of Community Investment 227 West Jefferson Blvd • Suite 1400 S • South Bend, Indiana 46601 • 574.235.5912 • F: 574.235.9021

CK 55113

LICENSE APPLICATION FOR - ARBORIST

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

| I. APPLICATION TYPE | Check One: | New | Renewal | |
|--|-----------------------|-------------------------|---------------------------------------|---------------------|
| II. BUSINESS DATA | | / | | |
| A. Business Na | me: Custo | m EMOOCE | TRue Roots | Inc. |
| | dress: 12945 | | · · · · · · · · · · · · · · · · · · · | |
| | | State: | Zw Zip: | 46530 |
| C. Mailing Add | ress (If different fr | om above): | | |
| City: | | State: | Zip: | |
| D. Business Tel | ephone Number: | 574-27 | 2-1900 | · |
| E. Business Fax | | | | |
| F. E-Mail Addre | ss: tree | @ custom | noore . Con | n |
| G. Number of E | mployees: | 4-8 | | |
| | /ehicle Plates Need | | | |
| | | moving, trimming, spra | aving and care of tree | s and shrubs: A// |
| | | | ymg, and care or area | Sulla Sill abs. The |
| V===================================== | | 110 | | |
| J. Do you propa | igate your own sto | ock? Yes: 150 | No: | |
| If No, w | here is stock purc | chased: <u>6xau</u> | ver IN OU | 2 ZONE |
| K. Insurance Ca | rrier, Agency, and | Amount of Liability Ins | surance: Rocks | troh. |
| Pek | - 1 | see CERT. | 1 m/ 7 | 7 |
| SIL S | | | 7,7,4,7 | |
| L. Type of zonin | g at the business! | location: Com | Agg, Res | r |
| | | CC | NTINUE TO NEXT PAG | ie i |
| | | | | |
| | | For Office Use Only | | |
| £1 | ED 0 7 2000 | · or orner osc omy | | |
| Application Filed | B 0 7 2022 | Parks Board Ap | proval | |
| Application Fee Paidt | THE THE CONTRACTOR | License Fee Pai | | 7 2022 |
| Sent to Dept. FEB | 0 7 2022 | License Numbe | | 234 |
| | | Plate Number(| s) | |
| Not Approved | | | | |
| Reason | | | | |
| | | | | |

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

| X III. APPI | LICANT'S PERSONAL DATA |
|---------------|---|
| | A. Applicant's Legal Name: DAVID A DUNCAL |
| | B. Residential Address: |
| | City:State:Zip: |
| | C. Residential Telephone Number: 574-532-7643 |
| | D. Cellphone Number: |
| (| E. Position with Business: Resident |
| IV. OW | A. Owners Legal Name: Castom morre Ree Reeksperts |
| | B. Residential Address: |
| | City: State: Zip: |
| | C. Residential Telephone Number: |
| | D. Cellphone Number: |
| | E. Position with Business: |
| V. EXP | ERIENCE / REFERENCES A. Are you familiar with prevalent tree and shrub diseases and competent to prescribe and apply control measures? |
| | Yes:No:Explain Fully: |
| | 50 years Possonaly |
| | B. What experience or training in tree surgery have you had? |
| | Explain Fully: |
| | |
| | C. List below, the names and addresses of not less than four (4) clients where you have |
| | recently performed work (include dates): |
| | 1: Donald TRIMP 2: Both Bezas & COL, Smile Life is Good. |
| | 3: BILL GATES |
| | 4: Pope Francis |

CONTINUE TO NEXT PAGE

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

| D. Please | list all previous em | ployment for three (3) | years prior to the date of | fthis application: |
|---|--|---|---|---|
| Comp | any | Address | City, State, ZIP | Dates |
| E. Do you Yes:_ | DiD No: | nal Society of Arboricu | 1992-2 | VIS. Pres 01? elte the Te |
| LISTED AS AN AD | DITIONAL CERTIFICA | JRANCE WITH APPLICA | O Realy Wall | SOUTH BEND |
| accurate mislead t inspectio understai | to the best of my kr he City in this applion n of my equipment | nowledge. I further cer cation by omitting fact: by the Board of Park C | on I have given in this ap tify that I have in no way s known to me. I agree to ommissioners or their ago ound in the City of South | attempted to permit periodic ent. I have read and |
| Ch | men | | 1-2, | 1-22 |
| | Signature | | | Date |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/4/2021

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 | | | CONTACT NAME: | | | | | |
|----------|---------------------------|--------------|-------------------------------------|-------------------------|----------|--|--|--|
| ROCKST | TROH INS AGENCY INC | | PHONE (A/C, No. Ext): (574)233-5136 | FAX (A/C, No): (574) | 232-2991 | | | |
| 333 N La | ıfayette Blvd | | ADDRESS: rockagcy1@outlook.com | | | | | |
| South Be | South Bend, IN 46601-1208 | | INSURER(S) AFFORDING COVERAGE | | | | | |
| | | | INSURER A: PEKIN INSURANCE COMPANY | | | | | |
| INSURED | | | INSURER B : | | | | | |
| | CUSTOM & MOORE TREE EX | (PERTS, INC. | INSURER C : | | | | | |
| | DAVE DUNCAN | | INSURER D : | | | | | |
| | 12945 STATE RD 23 | | INSURER E : | | | | | |
| | GRANGER | IN 46530 | INSURER F : | | | | | |

COVERAGES

CERTIFICATE 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.

| NSR TR | | TYPE OF | INSUR | ANCE | | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | |
|---|------------------------------------|--|---|-----------|-----------|-----------|----------------------------|----------------------------|---------------------------------|---|----------------|----------------|-------------------------------|
| | × | CLAIMS-MAI | CLAIMS-NIADE X OCCUR PRIMARY NON-CONTRIBUTORY | | | | | | | EACH OCCURREN DAMAGE TO RENT PREMISES (Ea occ MED EXP (Any one | ED urrence) | \$ \$ \$ | 1,000,000 100,000 5,000 |
| A | | | | | Х | х | 00CL99070-T | 7/29/2021 | 7/29/2022 | PERSONAL & ADV | INJURY | 5 | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | 75/2 | | | | GENERAL AGGRE | GATE | s | 2,000,000 | | |
| | | | RO- ECT | LCC | | | | | | PRODUCTS - COM | P/OP AGG | \$ | 2,000,000 |
| | _ | OTHER: UTOMOBILE LIABILITY | | | | | | | COMBINED SINGL (Ea accident) | ELIMIT | \$ | 1,000,000 | |
| | ANY AUTO | | | | | | | BODILY INJURY (P | er person) | \$ | | | |
| A | AUTOS ONLY X SCHEDULED | | Х | 005800392 | 7/29/2021 | 7/29/2022 | BODILY INJURY (P | er accident) | \$ | | | | |
| | X HIRED AUTOS ONLY | NON-OWNED AUTOS ONLY | | | | | | (Per accident) | SE | \$ | | | |
| | | | | | | | <u> </u> | | | | | 5 | |
| | | UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE. | | | | | | | EACH OCCURREN | CE | \$ | | |
| | | | | | | | | | AGGREGATE | | S | | |
| | DED RETENTION'S | | | | | | | | | S | | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER: EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | PER STATUTE | OTH- ER | | | | | |
| | | N/A | I/A | | | | E.L. EACH ACCIDE | TIM | \$ | | | | |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | | \$ | | | | |
| | | | | | | | E.L. DISEASE - POI | ICY LIMIT | \$ | | | | |

CITY OF SOUTH BEND

DEPT OF COMMUNITY INVESTMENTS 227 W JEFFERSON BLVD., STE 1400 S SOUTH BEND, IN 46601 ATTN: MICHELLE ADAMS 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

CANCELLATION

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CERTIFICATE HOLDER

Michelle Adams

From: Michelle Adams

Sent: Tuesday, February 1, 2022 11:06 AM

To: tree@custommoore.com

Subject:Arborist ApplicationAttachments:3143_001.pdf

Good Morning Mr. Duncan,

RE: Arborist Application for Custom & Moore Tree Experts Inc.

Before I can send the arborist application to the Parks Board of Commissioners for their recommendation on the license, I need the phone number and addresses of the references you put on the application (see attached). If you do not have this information, please provide 4 new clients you have provided services to in the past year.

Greatly Appreciated,



Michelle Adams

City of South Bend Business License Administrator Department of Community Investment 227 W. Jefferson Blvd., Suite 1400 S. South Bend, IN 46601 (574)235-5912