CK 2257

\$5,00

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

I. APPLICATION TYPE	Check One:	New	Renewal															
II. BUSINESS DATA A. Business Na	ame: <u>Cut</u>	Rite Seri	vices															
B. Business Ac	ddress:2604	1 State Re	1-331															
City:_	Brenen	State:	Inch Z	ip: 46.506 ip: 46.506														
C. Mailing Add	dress (If different fron	n above):	30x 230															
City:_	Bremen	State:	/Nz	ip: 46506														
D. Business Te																		
E. Business Fax Number: 574-546-0319 F. E-Mail Address: Krista@Cutritetreeservices. Com G. Number of Employees: 8																		
										H. Number of Vehicle Plates Needed:								
									I. List Equipme	List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs:								
J. Do you prop	agate your own stock	? Yes:	No: V	<u> </u>														
	where is stock purcha																	
_		·																
				_														
L. Type of zoni	L. Type of zoning at the business location: AG																	
		CC	ONTINUE TO NEXT P	10100														
	F	or Office Use Only																
Application Filed	JAN 1 8 2022	Parks Board A	pproval															
Application Fee Paid		License Fee Pa																
ent to DeptJA	N 1 8 2022	License Number	er ARBADAA-	-012														
		Plate Number	(s)	*11														
lot Approved																		
leason																		

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

III. APPLICANT'S PERSONAL DATA
A. Applicant's Legal Name: Aden Hochstetler
B. Residential Address: 13871 M+ 1050 W
City: Nappunee State: In Zip: 46550
C. Residential Telephone Number: 574-773-2107
D. Cellphone Number:
E. Position with Business: 5 ales, scheduling
IV. OWNERS PERSONAL DATA
A. Owners Legal Name: Homer Hochstotler
B. Residential Address: 2604 SR 331
City: Bremen State: 1N zip: 46506
C. Residential Telephone Number: 574 - 546 - 5686
D. Cellphone Number: 574 - 248 - 5006
E. Position with Business: President, Sales, laborer
A. Are you familiar with prevalent tree and shrub diseases and competent to prescribe and apply control measures? Yes:No:Explain Fully:
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: Kevin anthony 614 E. IReland Rd, SouthBend 12/23/21 2: Ken Ranney 7170 Jarrah Rd, Plymath IN 46563 10/28/21 3: Jeff Swank 404 E Raymond J. Bremen IN 46506 12/24/2 4: Town & Bremen, Trend Weldy Director of Ops 111 Scenter St. Bremen In 4656
CONTINUE TO NEXT PAGE 10/30/21

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D. Please list all previou	s employment for three (3) years prior to the date o	f this application:						
Company	Address	City, State, ZIP	Dates						
Cut Rite	2604	St Rd 331 Brea	men JAN. 1-2021- Dec 3121						
cut-Rite	2604	St Rol 331 Breme	- Jan 1-2020- Dec 31-2020						
(Attach additional sheet	/3871 N. 1050 W s if necessary) 2604	Nop. In. 46550 1 still 331 8-21-	Jan 1-2019-8-29-2019 -2019- 12-31-2019						
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 LISTED AS AN ADDITIONAL CERT		CATION WITH THE CITY OF	SOUTH BEND						
VII. INCLUDE \$5.00 PROCESSII	NG FEE WITHAPPLICATIO	N							
VIII.AFFIRMATION									
accurate to the best of n mislead the City in this a inspection of my equipm	ny knowledge. I further co pplication by omitting fac ent by the Board of Park	ation I have given in this ap ertify that I have in no way cts known to me. I agree to Commissioners or their ag e found in the City of South	attempted to permit periodic ent. I have read and						
Mu Hel	e	<u> 1-3</u>	Date						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2021

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).

PRO	DUCER	Van Wyk Risk Solutions				NAME:	ocima La					
150 Ottawa Ave NW				PHONE (A/C, No. Ext): 616.942.5070 FAX (A/C, No.): 616.942				2.8199				
Suite 1000					E-MAIL jennal@vanwykcorp.com							
Grand Rapids, MI 49503					INSURER(S) AFFORDING COVERAGE				NAIC#			
_						INSURE	RA: Greenw	ich Insurance	Company			22322
INS	URED	Cut Rite Services, LLC				INSURE	INSURER B: Insurance Company of the West				27847	
l		PO Box 230				INSURE	INSURER C:					
l		2604 State Hwy 331 Bremen, IN. 46506				INSURE						
l		Bremen, NV. 40000				INSURE						
l						-						
COVERAGES CERTIFICATE NUMBER: 22/23 REVISION NUMBER:												
						BEENI	SSUED TO T				OLICY	PERIOD
	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.											
INSF		TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A		COMMERCIAL GENERAL LIABILITY	Y	WVD	NPC-1002556-00		1/1/2022	1/1/2023	EACH OCCURRENC		\$	1,000,000
	V	CLAIMS-MADE OCCUR	Ι'						DAMAGE TO RENTE	D	\$	100,000
		CLAINS-WADE V OCCOR							PREMISES (Ea occu			10,000
ı	-							1	MED EXP (Any one p		\$	
	-								PERSONAL & ADV II		\$	1,000,000
		AGGREGATE LIMIT APPLIES PER:						1	GENERAL AGGREG	ATE	\$	2,000,000
	V	POLICY PRO- LOC						2	PRODUCTS - COMP	OP AGG	\$	2,000,000
<u> </u>		OTHER:	_						CONDINED ON OF		\$	
Α	- 21	MOBILE LIABILITY			NBA-1002557-00		1/1/2022	1/1/2023	(Ea accident)	LIMI	\$	1,000,000
		ANY AUTO							BODILY INJURY (Pe	r person)	\$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
		HIRED NON-OWNED AUTOS ONLY						1	PROPERTY DAMAG (Per accident)	Ε	\$	
											\$	
Α	l	JMBRELLA LIAB OCCUR			NEC-6006003-00		1/1/2022	1/1/2023	EACH OCCURRENC	E	s	4,000,000
	V	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	4,000,000
		DED RETENTION \$	1						717 711 711		\$	
В	WORK	ERS COMPENSATION			WMI 5059074 00		1/1/2022	1/1/2023	▼ PER STATUTE	OTH- ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							1	E.L. EACH ACCIDEN		\$	500,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					1	E.L. DISEASE - EA E		5	500,000	
If yes, describe under DESCRIPTION OF OPERATIONS below											500,000	
	DESCR	RIPTION OF OPERATIONS BEIOW						-	E.L. DISEASE - POL	ICY LIMIT	\$	500,000
		1										
250	ADIDT/O	N OF ORTH ATTOMS ALL OR ATTOMS ALTERNATION										
		N OF OPERATIONS / LOCATIONS / VEHICLE										
City	of Sou	uth Bend is included as Additional	Insu	red w	ith respects to General Lia	ability as	required by	contract or w	ritten agreement			
CE	CERTIFICATE HOLDER CANCELLATION											
						SHO	ULD ANY OF T	THE ABOVE DE	SCOIDED DOLLOIS	EC DE CAI	UCEL LE	D DEFORE
City of South Bend								ESCRIBED POLICIE REOF, NOTICE				
					ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.				
Department of Community Investment, 1400 S.												
227 W Jefferson Blvd South Bend, IN 46601				AUTHORIZED REPRESENTATIVE								
South Bend, IN 40001						I	Mra RMitorial					