

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

CK1868 \$96.50

I. APPLICATION TYPE Check One: New \_\_\_\_\_ Renewal X

II. BUSINESS DATA

A. Business Name: HIGHER GROUND TREE CARE, LLC

B. Business Address: 12586 HEATHER PARK DR

City: GRANGER State: IN Zip: 46530

C. Mailing Address (If different from above): 50797 SAFARI DR

City: GRANGER State: IN Zip: 46530

D. Business Telephone Number: 574-276-6359

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

F. E-Mail Address: matt@hgtreecare.com office@hgtreecare.com

G. Number of Employees: 10

H. Number of Vehicle Plates Needed: 9

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

Bucket Trucks, Skid Steer, Loader, Spray Rig, Wood Chipper, Chainsaws, Trailers, Crane

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

If No, where is stock purchased: \_\_\_\_\_

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Secura Insurance,

Appalachian Underwriters, Synergy LLC

L. Type of zoning at the business location: Commercial

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For Office Use Only

Application Filed FEB 01 2022 Parks Board Approval \_\_\_\_\_

Application Fee Paid FEB 01 2022 License Fee Paid FEB 01 2022

Sent to Dept. FEB 01 2022 License Number ARB2022-025

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: Matthew Hogarth  
B. Residential Address: 50797 Safari Dr  
City: Granger State: IN Zip: 46530  
C. Residential Telephone Number: \_\_\_\_\_  
D. Cellphone Number: 574-339-3937  
E. Position with Business: Owner

#### IV. OWNERS PERSONAL DATA (same)

A. Owners Legal Name: Matthew Hogarth  
B. Residential Address: 50797 Safari Dr  
City: Granger State: IN Zip: 46530  
C. Residential Telephone Number: \_\_\_\_\_  
D. Cellphone Number: 574-339-3937  
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: ISA Certified Arborist  
Indiana ornamental pest management TN-3431A  
exam 3A (office of Indiana State Chemist)
- B. What experience or training in tree surgery have you had?  
Explain Fully: Chemical license, Certified Arborist, CTSP  
through TCIA #01648, Arbormaster training  
for climbing
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):  
1: Gospel City Church; 52277 Hickory Rd, Granger, IN 46530; December 2021  
2: St Joseph City Public Library; Center Branch + German Township Branch; November 2021  
3: Riverside North Apartments; 1643 Riverside Dr., SB 46616; October 2021  
4: Bates Cherry World, Mishawaka, IN 46545; October 2021

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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
Self (Higher Ground Tree Care)	12586 Heather Park Dr, Granger, IN	46530	June 2014-present
_____	_____	_____	_____
_____	_____	_____	_____

(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

1-28-22  
\_\_\_\_\_  
Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/20/2022

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> Synergy LLC 13800 Jackson Road Mishawaka IN 46544		<b>CONTACT NAME:</b> Ashton Taner <b>PHONE (A/C, No, Ext):</b> (574) 231-6566 <b>E-MAIL ADDRESS:</b> clservice@synergyinsurancegroup.com <b>FAX (A/C, No):</b> (574) 258-9177	
<b>INSURED</b> Higher Ground Tree Care LLC 12586 Heather Park Drive Granger IN 46530		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> SECURA INSURANCE CO	<b>NAIC #</b> 22543
		<b>INSURER B:</b> APPALACHIAN UNDERWRITERS, INC.	524210
		<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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			20-CP-003327664-1	7/31/2021	7/31/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			20-A-003327665-1	7/31/2021	7/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			20-CU-003348579-0	7/31/2021	7/31/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 Personal & Adv Injury \$ 1,000,000
B	<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	Y/N	N/A	WTE-5052187-01	12/1/2021	12/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

City of South Bend Dept of Community Investment 227 W 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 <i>Jessica A. Bender</i>
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MATT HOGARTH

**ISA, Certified Arborist, IN-3431A**

*expiration: 6/30/2023*

**Certified Tree Care Safety Professional #01648**

*expiration: 8/13/2025*



## Certified Treecare Safety Professional

This card certifies that

***Matt Hogarth***

has been accorded the designation  
"Certified Treecare Safety Professional", or  
CTSP, by the Tree Care Industry Association



Certification #: **01648**

Renewal Date: **11/19/2023**

Peter Gerstenberger  
Senior Advisor for Safety, Compliance & Standards



## Certified Treecare Safety Professional

Dear CTSP:

To maintain your certification, you must accumulate 30 CTSP CEUs prior to the renewal date printed on the front of this card in the three (3) mandatory categories:

**Professional Development** - Not less than 5 and not more than 15 credits can come from attending the approved courses, seminars or workshops.

**Safety Program Development** - Not less than 5 and not more than 15 credits can come from the development of "safety program elements" (safety policy, written safety procedures, unique safety lessons, forms/checklists, manuals, etc.) or participation in the Safety Committee.

**Safety Training** - Not less than 5 and not more than 15 credits can come from preparation and delivery of a unique safety training/meeting.

See [www.tcia.org](http://www.tcia.org) or call 1-800-733-2622  
for lists of approved professional development events as  
well forms and instructions to apply for CEUs.

