

CK 55403 \$82.50

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

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name: Homer Tree Service, Inc

B. Business Address: 16464 W 143rd St

City: Lockport State: IL Zip: 60441

C. Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 815-512-7018

E. Business Fax Number: 815-888-6027

F. E-Mail Address: laura.karli@homer-tree.com

G. Number of Employees: 25

H. Number of Vehicle Plates Needed: 5

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

20-90 Chipper, 30 yard chip truck, stump grinder chip truck,
Docket truck, skidsteer

J. Do you propagate your own stock? Yes: N/A No: _____

If No, where is stock purchased: _____

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

See attached

L. Type of zoning at the business location: _____

CONTINUE TO NEXT PAGE

For Office Use Only

Application Filed JAN 18 2022 Parks Board Approval _____

Application Fee Paid JAN 18 2022 License Fee Paid JAN 18 2022

Sent to Dept. JAN 18 2022 License Number ARB2022-013

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Richard Reposh
B. Residential Address: 14000 Archer Ave
City: Lockport State: IL Zip: 60441
C. Residential Telephone Number: _____
D. Cellphone Number: 815-693-4248
E. Position with Business: Arborist Sales

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Ronald Reposh
B. Residential Address: 14000 Archer Ave
City: Lockport State: IL Zip: 60441
C. Residential Telephone Number: N/A
D. Cellphone Number: 815-838-0320
E. Position with Business: President/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: Scope of work is
tree removal, not tree care

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

Explain Fully: 30+ years of tree removal services

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

- 1: Agribusiness PK Clymers IN Nov, 2021
- 2: INDOT # R-37495 South Bend IN Feb 2021
- 3: INDOT # R-37797 Frankfort IN Jan 2021
- 4: Intersection Improvement South Bend IN June 2021

CONTINUE TO NEXT PAGE

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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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

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

Yes: X 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.

Tommy Turner

Signature

1-4-22

Date

Selective Insurance Company of America
Attention: BOND CLAIMS
P.O. Box 7265
London, KY 40742
Send notices of claims to this address.

Bond No. B 1245786 (5)

License and Permit Bond

Valid only in the States of Illinois, Indiana, Michigan, Missouri and Wisconsin.
For county, city, town or village only – not valid for bonds required by the state.
Not valid for contract, performance, maintenance, subdivision, supply, or utility guarantee bonds.

KNOW ALL MEN BY THESE PRESENTS:

That we, Homer Tree Service/Homer Tree Care, Inc.
as Principal, and Selective Insurance Company of America, a corporation of the State of New Jersey, as Surety, are
held and firmly bound unto the The Board of Commissioners of the County of Lake, State of IN and
Obligee in the penal sum of Five Thousand and NO/100 (\$5,000.00) any cities and
(Not valid for more than (\$25,000): towns in Lake
County, IN.

lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made we bind
ourselves and our legal representative, jointly and severally.

The condition of this obligation is such that whereas Principal is desirous of obtaining a license or permit to carry on
business as a Specialty Tree Trimming/Removal Contractor

This bond shall remain in force for a one-year period beginning on the 1st day of August,
2021 and ending on the 1st day of August, 2022.

Now, therefore, if said Principle shall faithfully comply with the laws and ordinances (including all amendments)
pertaining to the license or permit and perform all duties required by said laws and ordinances, then this obligation shall
become null and void; otherwise, to be and remain in full force and virtue.

Provided, however, the Surety shall have the right to terminate this bond at any time, by a written notice, stating when
the cancellation shall take effect and sent certified mail to the Obligee at least (60) days prior to the date said
cancellation is to become effective.

Principal's company shall save and keep harmless the Obligee from all losses or damage which it may sustain or for
which it may become liable on account of the issuance of said license and permit. The Surety's liability under this bond
shall not exceed the bond penalty.

Signed, sealed and dated this 21st day of July, 2021.

M. Kaminski

SELECTIVE INSURANCE COMPANY OF AMERICA

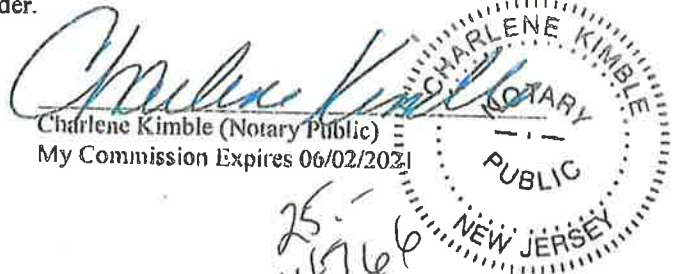
By: Homer Tree Service/Homer Tree Care
Principal

By: *Timothy A. Marchio*
Timothy A. Marchio, Vice President



On the 21st day of July, 2021 before me personally came Timothy A. Marchio, to me
known, who is being by me duly sworn, that he is the Vice President of Selective Insurance Company of America, the
corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that
said corporation and that he signed his name thereto by like order.

STATE OF NEW JERSEY
County of Sussex



25-
ck. 54766
D

2021-054014
8:45 AM 2021 Aug 6
GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

SURETY RIDER

It is hereby understood and agreed that surety bond number B 1245786 (5) with
Homer Tree Service, Inc./ Homer Tree Care, Inc, as Principal and
The Board of Comissioners of the County of Lake, State of IN and any cities aras Obligee is hereby amended

effective August 1, 2021 as follows:
Correct Principal to Homer Tree Service, Inc. /Homer Tree Care, Inc.

It is further understood and agreed that no other condition, limitation or exclusion of the bond shall be altered or amended by this rider.

This rider shall be attached to and forms a permanent part of bond number **B 1245786 (5)**

Signed, sealed and dated this **8th** day of **December** **2021**

Homer Tree Service, Inc./ Homer Tree Care, Inc,

WAIVED
Obligee

By:

Ron R
Principal

Selective Insurance Company of America

By:

Kristen Schmidt
Attorney-in-Fact

Kristen Schmidt



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2021

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 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 The Horton Group 10320 Orland Parkway Orland Park IL 60467	CONTACT NAME: Certificates Team	
	PHONE (A/C, No, Ext): 708-845-3917	FAX (A/C, No): 708-845-3001
E-MAIL ADDRESS: ConstructionCerts@thehortongroup.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Western National Mutual Ins Co		15377
INSURER B: Accident Fund Insurance Company of America		10166
INSURER C: Mt. Hawley Insurance Company		37974
INSURER D:		
INSURER E:		
INSURER F:		


INSURED HOMER-7
 Homer Tree Service Incorporated
 16464 W. 143rd Street – Suite B
 Lockport IL 60441

COVERAGES **CERTIFICATE NUMBER:** 1422231379 **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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	CPP1087512	5/15/2021	5/15/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Pest/Herb Included \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	CPP1086774	5/15/2021	5/15/2022	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	UMB1014555	5/15/2021	5/15/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	WCS7000269	5/15/2021	5/15/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Pollution Liability			EGL0008585	5/15/2021	5/15/2022	Limit: 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Additional insured on a primary and non-contributory basis with respect to the general liability and auto liability coverage only when required by written contract. Waivers of subrogation apply to the general liability, workers compensation, and auto liability policies in favor of the stated additional insureds only when required by written contract. Umbrella follows form. The coverage and limits conform to the minimums required by Article 107.27 of the Standard Specifications for Road & Bridge Construction.

CERTIFICATE HOLDER City of South Bend Department of Community Investment 227 W. Jefferson Blvd Suite 1400 S. South Bend IN 46601	CANCELLATION 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 
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The International Society of Arboriculture

Hereby Announces That

Richard Reposk

Has Earned the Credential

ISA Certified Arborist ®

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council

Carlyn Polliban
CEO & Executive Director

14 February 1997

Issue Date

18 December 2021

Expiration Date

IL-0367A

Certification Number

