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

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

I. APPLICATION TYPE Check C	ne: New	Renewal
A. Business Name:	State: Plands 24005 State Rd 23 State: Sta	zip:
,,,		ONTINUE TO NEXT PAGE
Application Filed JAN 2 0 Application Fee Paid JAN 2 0 Sent to Dept. JAN 2 0	2022 License Numb	
Not Approved Reason		

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

III. APPLICANT'S PERSONAL DATA
A. Applicant's Legal Name: KEVIN L. Franklin
B. Residential Address: 24055 State Rd 23
City: So Bend State: JN zip: 46614
C. Residential Telephone Number: 574 876-3891
D. Cellphone Number:
E. Position with Business: Owner Jestiniator
IV. OWNERS PERSONAL DATA
A. Owners Legal Name: Kevin Lynn Franklin
B. Residential Address: 24055 State Rd 73
City: Saxh Bend State: JA zip: 46614
C. Residential Telephone Number: 674) 876 389
D. Cellphone Number:
E. Position with Business: Dwn eC
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:BLOQU
Classes through TCIA Diagnosis of Disporters
Introduction to arborcare sport healthcare
B. What experience or training in tree surgery have you had?
Explain Fully: Parting transplanting, wang autificial
Support, corrective trining, tree courty filling.
C. List below, the names and addresses of not less than four (4) clients where you have
recently performed work (include dates): 1: Bob + Sourch Connor Packsonld Mishauaka 1921/2
- 10th and 1 the 199
α
4: 11 price So Bendicators 1357 Northside Dlvd Sp 12/7/21
Clear.

CONTINUE TO NEXT PAGE

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

	D. Please list all previo	us employment for three (3)	years prior to the date (of this application:
	Company	Address	City, State, ZIP	Dates
	Evinstrees La	ndscapingo billich	iana	1993 - preser
	(Attach additional shee	ts if necessary)	E-450 No. 6	in the final of
	E. Do you have an Inter Yes:	national Society of Arboricul _No:	ture certification?	
	If yes, submit a cop	y of the certification with the	e application.	
VI.	INCLUDE CERTIFICATE O ED AS AN ADDITIONAL CER	<mark>F INSURANCE WITH APPLICA</mark> TIFICATE HOLDER	TION WITH THE CITY OF	SOUTH BEND
VII.	INCLUDE \$5.00 PROCESS	ING FEE WITHAPPLICATION		
VIII.A	AFFIRMATION			
	accurate to the best of mislead the City in this inspection of my equip	firm that all of the information my knowledge. I further cert application by omitting facts ment by the Board of Park Colions of the Arborist license for	ify that I have in no way known to me. I agree to ommissioners or their a	y attempted to o permit periodic gent. I have read and
1		×	6	
Ke	in travelis		1/9/	2021
	Signatu	ire	-	Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2021

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 Dan Berry Insurance Agency Inc. 54101 Ironwood Road South Bend, IN 46637	CONTACT NAME: PHONE (A/C, No, Ext): (574) 255-6222 [A/C, No): (574) 254-2630 E-MAIL: CACL NO. Ext): (574) 254-2630				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: West Bend Mutual Insurance Co	15350			
INSURED	INSURER B : Liberty Mutual Insurance	23043			
Kevin's Tree & Landscaping Of Michiana Inc	INSURER C:				
21850 Belkay Dr	INSURER D:				
South Bend, IN 46628	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE MUNICIPALITY	DE1 101011 111 111	200			

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 LTR	TYPE OF INSURANCE	DDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	S	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC		1249018	4/13/2021	4/13/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$	1,000,000 100,000 5,000 1,000,000 2,000,000
A	ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY AUTOS ONLY		1249018	4/13/2021	4/13/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$ \$	1,000,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE AGGREGATE	\$ \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE	/A	WC5-34S-523051-081	10/7/2021	10/7/2022	X PER OTH- STATUTE OTH- EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT	\$	100,000 100,000 500,000

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

CERTIFICATE	HOL	DER
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CANCELLATION

City of South Bend Department of Community Investment 227 W. Jefferson Blvd Suite 1400 South 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

DAB-