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 CL 1348 I - \$8250

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

				\/		
I. APPLICATION TYPE	Check One:	New	Renewal			
II. BUSINESS DATA A. Business Na	me: Conner Proper	Hics Investments LL	e OBA MAAC	Property Services		
B. Business Ad	dress: <u>2344</u> 4	inker St.				
City:	المانان	State:///	7. zip: <u>4</u>	19120		
C. Mailing Add		ibove): 20, 30x	262			
City:	Xiles	State: <i>1</i> /\cdots	Zip:	49120		
D. Business Tel	lephone Number:	269-687-8845				
E. Business Fax	Number: <u>269-39</u>	10-5918				
F. E-Mail Addre	ess: Marke Ma	ceps. Com				
G. Number of E	mployees: 40					
H. Number of \	/ehicle Plates Needed:	_5				
1. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: Skidsters, Gator with 100 sel Spray tack Hand prines prinning Sheed f. 350 Set up with nurse tack + 300 geffin Spray took.						
	agate your own stock?	A1 4 1 1 W	No:X	1 1 1 6 16		
		ed: Mckmley Terrac		ckes conchegor Duply		
		ount of Liability Insurance	2;			
1 ravelo	1111	21				
Agent Holland INS. Group.						
L. Type of zoning at the business location:						
		CONTINU	JE TO NEXT PAGE			
	For	Office Use Only				
		Office Ose Only				
Application Filed Application Fee Paid	JAN 1 4 2022 AN 1 4 2022	Parks Board Approval License Fee Paid	JAN 1 4 2	2022		
Sent to Dept	N 1 4 7077	License Number A Plate Number(s)		<u> </u>		
			N			
Not Approved Reason			1			

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

III. APPLICANT'S PERSONAL DATA
A. Applicant's Legal Name:
B. Residential Address: 101 Humming bird Lw.
City: State: Mi. zip: 49120
C. Residential Telephone Number: 574-993-1210
D. Cellphone Number: 574-993 · 1210
E. Position with Business:
IV. OWNERS PERSONAL DATA
A. Owners Legal Name: Mark A. Schliff
B. Residential Address; 101 Humm m. b. ref W-
City: Xiles State: Mr. Zip: 49120
C. Residential Telephone Number: 574-993-146
D. Cellphone Number: 574-993-1016
E. Position with Business: Owner / CEO/ Member
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:
B. What experience or training in tree surgery have you had?
Explain Fully: None - we do not offer that Service
Explain rully.
C. List below, the names and addresses of not less than four (4) clients where you have
recently performed work (include dates):
1: Cressy + Exerct Reals Estate 332 N. Irmund 8-202
2: Eddy St. Commons 1234 Eddy 5t. 9-2021
3: Embussy Suites 1140 E. Angela Blud 9-2021
4: Champins Way HOA 1234 Over 5+ 8-2021

CONTINUE TO NEXT PAGE

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

(Attach additional sheets if necessary) E. Do you have an International Society of Arboriculture certification? Yes:				loyment for three (3) years prior to the date of						
E. Do you have an International Society of Arboriculture certification? Yes:No: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 WITHAPPLICATION VIII.AFFIRMATION I, hereby, certify and affirm that all of the information I have given in this application is true an 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 an understand the regulations of the Arborist license found in the City of South Bend Municipal		No Changes	Address	City, Sta	ite, ZIP	Dates				
Yes:No:		(Attach additional sheets	s if necessary)	-						
Include Certificate of Insurance with Application 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 WITHAPPLICATION VIII.AFFIRMATION I, hereby, certify and affirm that all of the information I have given in this application is true an 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 an understand the regulations of the Arborist license found in the City of South Bend Municipal										
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Signature	-	accurate to the best of m mislead the City in this a inspection of my equipm understand the regulatio Code, Section 4-19.	ny knowledge. I further ce pplication by omitting fact ent by the Board of Park (ons of the Arborist license	rtify that I have ts known to me. Commissioners (in no way at I agree to poor or their agen	ttempted to ermit periodic nt. I have read and end Municipal				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/12/2022

IHIS 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).

UII	a continuate does not comer rights to the ce						
PRODUCER 574-277-0234 HOLLAND INSURANCE GROUP 54081 N. Ironwood Rd., P.O. Box 6458			CONTACT S. Lynn Chiu, CIC, CSRM, CAWC NAME: PHONE (A/C, No, Ext): 574-277-0234 E-MAIL ADDRESS: lynn@hollandinsurancegroup.com				
Souti	n Bend, IN 46660-6458		Terresconderes:			_	
S _c Ly	nn Chiu, CIC, CSRM, CAWC				RDING COVERAGE		NAIC #
INSUR	ED		INSURER A : Franke	minutii inst	nance		
MAAC	ED Property Services AR Properties Investments DBA		INSURER B:				
2344	Yankee St.		INSURER C				
Niles,	MI 49120		INSURER D				
			INSURER E :				
COV	ERAGES CERTIFICAT	TE NUMBER:	INSURER F:		REVISION NUMBER:		
THI INC CEI EXC	S IS TO CERTIFY THAT THE POLICIES OF INSI ICATED NOTWITHSTANDING ANY REQUIREM RTIFICATE MAY BE ISSUED OR MAY PERTAIN CLUSIONS AND CONDITIONS OF SUCH POLICIES	URANCE LISTED BELOW HA IENT, TERM OR CONDITION I, THE INSURANCE AFFORD S LIMITS SHOWN MAY HAVE	OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE ADDL SUR INSD. WY	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	тѕ	
	X COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$	1,000,000
	CLAIMS MADE X OCCUR X	6679325	02/01/2021	02/01/2022	DAMAGE TO RENTED PREMISES (En occurrence)	s	100,000
					MED EXP (Any one person)	s	5,000
					PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER	1			GENERAL AGGREGATE	s	2,000,000
	X POLICY PRO LOC				PRODUCTS - COMP/OP AGG	\$	2,000,000
	OHER					\$	
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
I.	X ANY AUTO	667323	02/01/2021	02/01/2022	BODILY INJURY (Par person)	s	
	OWNED SCHEDULED AUTOS X DIRED X AUTOS ONLY X AUTOS ONLY				BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	s	
						\$	
A	X UMBRELLA LIAB X OCCUR	200450760505			EACH OCCURRENCE	\$	5,000,000
1	DED X RETENTIONS 0	6679325	02/01/2021	02/01/2022	AGGREGATE	\$	5,000,000
V	VORKERS COMPENSATION IND EMPLOYERS' LIABILITY				PER OTH-		
A	MY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	s	
(1	Mandatory in NH)				E L DISEASE - EA EMPLOYEE	5	
11	yes, describe under ESCRIPTION OF OPERATIONS below				E L DISEASE - POLICY LIMIT	s	
A L	EASED/RENTED	6679325	02/01/2021	02/01/2022	LIMIT		250,000
E	QUIPMENT				DED:		500
Arbo	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOF rist Licensing - The City of South Bend ral Liability as required by written cont	is an additional insure	· -	o spaco is raquir	od)		
CER'	TIFICATE HOLDER		CANCELLATION				
City of South Bend 227 West Jefferson Blvd. Ste. 1400 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 S. Lynn Chiu, CIC, CSRM, CAWC				

ACORD 25 (2016/03)

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