

CK22752 \$5.00

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

MAT Corporation of Michiana

A. Business Name: DBA Mark Temple Tree Service

B. Business Address: 202 Olive Street

City: South Bend State: IN Zip: 46628

C. Mailing Address (If different from above): 28296 Inwood Road

City: South Bend State: IN Zip: 46554

D. Business Telephone Number: 574-232-2700

E. Business Fax Number: —

F. E-Mail Address: mark.templetree@aol.com

G. Number of Employees: Varies from 2 to 6

H. Number of Vehicle Plates Needed: 3

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

th-Ranger, Chipper truck, stump grinder, pickup trucks

J. Do you propagate your own stock? Yes: — No:

If No, where is stock purchased: McKinley Garden

K. Insurance Carrier, Agency, and Amount of Liability Insurance: CNA Insurance Brokerage

Continental Casualty \$1,000,000

L. Type of zoning at the business location: Commercial

CONTINUE TO NEXT PAGE

BAL - \$77.50

For Office Use Only

Application Filed JAN 14 2022 Parks Board Approval —

Application Fee Paid JAN 14 2022 License Fee Paid —

Sent to Dept. JAN 14 2022 License Number ARB2022-009

Plate Number(s) —

Not Approved —

Reason —

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III. APPLICANT'S PERSONAL DATA

A. Applicant's Legal Name: Mark A. Temple
B. Residential Address: 28296 Inwood Rd
City: North Liberty State: IW Zip: 46554
C. Residential Telephone Number: 574-289-0677
D. Cellphone Number: 574-276-4097
E. Position with Business: Owner

IV. OWNERS PERSONAL DATA

A. Owners Legal Name: _____
B. Residential Address: _____
City: _____ State: AS Zip: _____
C. Residential Telephone Number: _____
D. Cellphone Number: ABOVE
E. Position with Business: _____

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: Certified arborist

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

Explain Fully: certified arborist

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

- 1: Pat Lynch 711 W. Washington St. Dec. 2021
- 2: Jeffery Runel 16766 Orchard Heights Dec. 2021
- 3: Richard Van Ootegham 619 W. 12th St. Nov. 2021
- 4: Country Side Village 1001 So. Mayflower Rd. Nov 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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



Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/5/2022

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).

PRODUCER Commercial Risk Solutions 6600 E Hampden Ave Ste 200 Denver CO 80224	CONTACT NAME: Shelly Lunder	
	PHONE (A/C, No, Ext): 303-996-7856	FAX (A/C, No): 303-757-7719
E-MAIL ADDRESS: slunder@crsdenver.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Continental Casualty Co.		20443
INSURER B: Continental Insurance Co.		35289
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 MAT Corp of Michiana, Inc.
 28296 Inwood Road
 North Liberty IN 46554

COVERAGES **CERTIFICATE NUMBER:** 485351921 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:		5095668641	9/1/2021	9/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		5095668624	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		5095668610	9/1/2021	9/1/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A	5095668638	9/1/2021	9/1/2022	<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
A	Leased Rented Equipment		5095668641	9/1/2021	9/1/2022	Per Item 25,000

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
 Department of Community Investment
 1400 S. 227 W. Jefferson Blvd.
 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

Shelly Lunder