

CK 12819 \$ 86.00

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

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

II. BUSINESS DATA

A. Business Name: SAM - Man Tree

B. Business Address: 54555 PINE RD.

City: So. Bend, State: IN. Zip: 46628

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

City: ✓ State: ✓ Zip: ✓

D. Business Telephone Number: 574-285-6884

E. Business Fax Number: 574-232-3225

F. E-Mail Address: SAMMAN@HETZERO-H&T

G. Number of Employees: 4

H. Number of Vehicle Plates Needed: 6

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

(2) SKIDSTEERS (2) DUMP TRUCKS (1) CRANE (1) CHIPPIN TRUCK  
Crane

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

If No, where is stock purchased: N/A

K. Insurance Carrier, Agency, and Amount of Liability Insurance: \_\_\_\_\_

CONTINGENTS ENCLOSED  
113 Em Farmer's Ins. for COI

L. Type of zoning at the business location: AGRICULTURE

CONTINUE TO NEXT PAGE

For Office Use Only

Application Filed JAN 14 2022 Parks Board Approval \_\_\_\_\_

Application Fee Paid JAN 14 2022 License Fee Paid JAN 14 2022

Sent to Dept. JAN 14 2022 License Number ARB2022-007

Plate Number(s) \_\_\_\_\_

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: FRANK W. MARTINEZ  
B. Residential Address: 54535 Pine Rd.  
City: So. Bend, State: IN Zip: 46628  
C. Residential Telephone Number: 574-233-6081  
D. Cellphone Number: 574-286-6884  
E. Position with Business: OWNER

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: SAN  
B. Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
C. Residential Telephone Number: \_\_\_\_\_  
D. Cellphone Number: \_\_\_\_\_  
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: H/A Explain Fully: \_\_\_\_\_

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

Explain Fully: H/A

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

- 1: GARY KUSH 280-8734  
2: GARY HELMAY 9193-9184  
3: GARY CURSTIE 850-2039  
4: GLAM PEARSON 513-728-8432

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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
<u>Sam. M. Co.</u>	_____	_____	_____
<u>'11</u>	_____	_____	_____
<u>'12</u>	_____	_____	_____

(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 CERTIFICATEHOLDER**

**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 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

1-11-22  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/3/2022

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>  Lu Ann Shaffer Insurance Agency, Inc  1730 Miami St South Bend IN 46613	<b>CONTACT</b> NAME: Megan M McNamara	
	PHONE (A/C, NO, EXT): 574-234-1224	FAX (A/C, NO): 574-234-4161
E-MAIL ADDRESS: megan.lshaffer@farmersagency.com		
<b>INSURED</b>  FRANK MARTINEZ DBA: SAN MAR TREE MAINTENANCE 54555 PINE ROAD SOUTH BEND IN 46628	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A: NORTHFIELD INSURANCE COMPANY	
	INSURER B: PROGRESSIVE SOUTHEASTERN INS CO	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		<b>NAIC #</b>

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		WS023672	06/25/2021	06/25/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			03887280	08/12/2021	08/12/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

TREE MAINTENANCE

<b>CERTIFICATE HOLDER</b> CITY OF SOUTH BEND DEPT OF COMMUNITY INVESTMENT 227 W JEFFERSON, STE 1400 S SOUTH BEND IN 46601	<b>CANCELLATION</b> 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>Megan M McNamara</i>
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