

LICENSE APPLICATION FOR - ARBORIST CK 109228 \$5.00  
MUNICIPAL CODE SECTION - 4-19

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

II. BUSINESS DATA

A. Business Name: Slusser's Green Thum, Inc.

B. Business Address: 125 Montgomery St

City: Logansport State: IN Zip: 46947

C. Mailing Address (If different from above): PO Box 33

City: Logansport State: IN Zip: 46947

D. Business Telephone Number: 574-722-3102

E. Business Fax Number: 574-722-2993

F. E-Mail Address: nts@slussers.com, css@slussers.com

G. Number of Employees: 40

H. Number of Vehicle Plates Needed: 2

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: pickup with trailer, dump truck with trailer, skidsteer with attachments, hand saw, hand pruners, loppers, rake, 3 gal. backpack sprayer, 50 gal. sprayer on Kubota vehicle

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

If No, where is stock purchased: wholesale nurseries-Blue Grass Farms, LaPorte Co. Nursery

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Ameri-sure Companies, Garrett Stotz Insurance, \$2,000,000 general aggregate, \$1,000,000 each occurrence

L. Type of zoning at the business location: commercial-residential

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Balance - \$67.00

For Office Use Only

Application Filed 1-25-22 Parks Board Approval \_\_\_\_\_

Application Fee Paid 1-25-22 License Fee Paid \_\_\_\_\_

Sent to Dept. JAN 26 2022 License Number ARB2022-019

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

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

Reason \_\_\_\_\_

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

### III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Nelson Slusser
- B. Residential Address: 54651 Timothy Rd  
City: New Carlisle State: IN Zip: 46552
- C. Residential Telephone Number: \_\_\_\_\_
- D. Cellphone Number: 219-851-2301
- E. Position with Business: Area Manager in our LaPorte office

### IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Carolyn S. Slusser
- B. Residential Address: 120 Heartland Hills Dr  
City: Logansport State: IN Zip: 46947
- C. Residential Telephone Number: 574-722-5010
- D. Cellphone Number: 574-721-2288
- 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: Our Company does not perform Residential or commercial trimming or pesticide applications; our pest problems are few due to mainly installing new landscaping for the past 40+ years
- B. What experience or training in tree surgery have you had?  
Explain Fully: Bachelor's Degree in Landscape Horticulture and Design, Purdue University, CPESC certified - certificate #7487
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
- 1: Rieth Riley, South Bend South Street & Rush 12-31-21
- 2: Rieth Riley, South Bend Kemble St & Calvert 12-31-21
- 3: Rieth Riley, South Bend Turnock St 12-31-21
- 4: Rieth Riley, South Bend Oakside St & St. Joe St 12-31-21

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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>No other employment previous 3 yrs</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

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

Yes: \_\_\_\_\_ No: X

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.

Carolyn Slusser  
Signature

1-14-22  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2021

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc 1601 Alliant Avenue Louisville KY 40299		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 502-415-7041      FAX (A/C, No): 502-415-7001 E-MAIL ADDRESS: Beth_Jost@ajg.com	
<b>INSURED</b> Slusser's Green Thumb, Inc. 125 Montgomery Street P.O. Box 33 Logansport IN 469470033		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Amerisure Mutual Insurance Company      NAIC # 23396 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER: 234895012**      **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 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	CPP21115200301	3/30/2021	3/30/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>	Y	Y	CA21115220205	3/30/2021	3/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEF <input checked="" type="checkbox"/> RETENTION \$ 0	Y	Y	CU21115250202	3/30/2021	3/30/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	WC21115230301	4/1/2021	4/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equip			IM21115210302	3/30/2021	3/30/2022	Limit \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate Holder and Owner are included as Additional Insured on a primary and noncontributory basis on the General Liability, Auto Liability, and Umbrella Liability per CG7048, CA7165, CA7115, and CU7467 with a Waiver of Subrogation in favor of the Additional Insureds on the General Liability, Auto Liability, Umbrella Liability, and Workers Compensation per CG7049, CA7115, CU2403, and WC000313 and 30 days' notice of cancellation per IL7066 and WC9906 when required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

City of South Bend  
 Attn: Department of Community Investment, Arborist  
 227 W Jefferson Blvd, Ste 1400S  
 South Bend IN 46601  
 USA

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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