

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

I. APPLICATION TYPE Check One: New Renewal \$5.00 Public Portal

II. BUSINESS DATA

A. Business Name: The Stanger Group, Inc

B. Business Address: 15504 CR 42

City: Goshen State: IN Zip: 46528

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-642-3390

E. Business Fax Number: _____

F. E-Mail Address: Admin@slenvirogroup.com

G. Number of Employees: 5

H. Number of Vehicle Plates Needed: 2

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: _____
Sprayer, Side-by-side, Tractor

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

If No, where is stock purchased: Indiana, Michigan, & Ohio

K. Insurance Carrier, Agency, and Amount of Liability Insurance: _____

Millers Insurance Group 2,000,000.00

L. Type of zoning at the business location: _____

Balance Due - \$67.00

For Office Use Only

Application Filed January 31, 2022 Parks Board Approval _____

Application Fee Paid January 31, 2022 License Fee Paid _____

Sent to Dept. January 31, 2022 License Number ARB2022-021

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: _____
- B. Residential Address: _____
City: _____ State: _____ Zip: _____
- C. Residential Telephone Number: _____
- D. Cellphone Number: _____
- E. Position with Business: _____

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Colby Stanger
- B. Residential Address: 15504 County Road 42
City: Goshen State: IN Zip: 46528
- C. Residential Telephone Number: 574-642-3390
- D. Cellphone Number: _____
- E. Position with Business: OWNER, Admin@slenvirogroup.com

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: _____
Owner of tree nursery for 15 years

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

Explain Fully: Owner of tree nursery for 15 years

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

1: <u>Verle Hochstetler 2924 Beech Rd. Bremen, IN 46506</u>	<u>03/24/21</u>
2: <u>George Hardie</u>	<u>8/16/21</u>
3: <u>Kenneth Amstutz 7660 E 200 S Avilla, IN 46710</u>	<u>4/29/21</u>
4: <u>Keith Bailey 16481 CR 108 Bristol, IN 46507</u>	<u>4/30/19</u>

CONTINUE TO NEXT PAGE

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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
S&L Environmental			2013-2019

(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

January 31, 2022 Online Renewal

Date



STANGGR01

MCOFFE1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/31/2022

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 Miller Insurance Group PO Box 229 Bremen, IN 46506	CONTACT NAME: PHONE (A/C, No, Ext): (574) 546-3341 E-MAIL ADDRESS: info@millerinsurancegrp.com	FAX (A/C, No): (574) 546-2687
	INSURER(S) AFFORDING COVERAGE	
INSURED The Stanger Group dba S & L Environmental 15504 CR 42 Goshen, IN 46528	INSURER A : Arlington/Roe & Co Inc	
	INSURER B : Selective Insurance Company	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	EV20180639-04	4/26/2021	4/26/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					PRODUCTS - COMP/OP AGG \$
B	X AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>		S 2491013	4/26/2021	4/26/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE		S 2491013	4/26/2021	4/26/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	X WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A		WC 9101560	4/26/2021	4/26/2022	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	X Leased & Rented		S 2491013	4/26/2021	4/26/2022	Spec Form incl theft \$ 165,000

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 227 W. Jefferson Blvd, Suite 1400 S 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
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