

Pd. \$5.00 (CASH)

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: TRUGREEN

B. Business Address: 3606 GAFFNON ST.

City: SOUTH BEND State: IN Zip: 46628

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-233-9700

E. Business Fax Number: 574-233-5467

F. E-Mail Address: bryan.sutton@trugreenmail.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: we only spray trees & shrubs. No planting, removing or trimming. We use tanks, hoses, nozzles to spray.

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

If No, where is stock purchased: N/A

K. Insurance Carrier, Agency, and Amount of Liability Insurance: CARRIER: NATIONAL

Union Fire Insurance Company of Pittsburgh / AIO Insurance Company.

AGENCY: ARTHUR J. Gellagher Risk MANAGEMENT. LIABILITY - 3,000,000

L. Type of zoning at the business location: COMMERCIAL / Industrial

CONTINUE TO NEXT PAGE

Balance Due - \$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 ARB2022-020

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: BRYAN SEDDON
- B. Residential Address: 1611 W 93rd Ave
City: CROWN POINT State: IN Zip: 46307
- C. Residential Telephone Number: 847-833-1119
- D. Cellphone Number: 847-833-1119
- E. Position with Business: General Manager

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: TRUGREEN LIMITED PARTNERSHIP
- B. Residential Address: 1790 Kirby Pkwy Forum 11 Tower
City: Memphis State: TN Zip: 38183
- C. Residential Telephone Number: 574-233-9200
- D. Cellphone Number: _____
- E. Position with Business: 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: Provide fertilizer applications as needed. we spray preventative care for insects and diseases on T/S. Carry A 3A Ornamental License

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

Explain Fully: N/A - only spray for fertilizer and insects; disease. Carry A 3A Ornamental license

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

- 1: GENA NOVÉ 1947 DENSTOW DR SOUTH BEND (11/17/21)
- 2: SUSAN HARTZELL 1212 ECHO DR SOUTH BEND (11/18/21)
- 3: BARBARA ROWE 5722 S GOTHAM DR SOUTH BEND (11/18/21)
- 4: FELICIA MILLER 5446 DEER HOLLOW DR SOUTH BEND (11/18/21)

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
<u>Tougeen</u>	<u>3606 Gaynes St</u>	<u>South Bend, IN 46628</u>	<u>7/1/21 - Present</u>
<u>Tougeen</u>	<u>9111 Louisiana St</u>	<u>Merrillville, IN 46410</u>	<u>2009 - 7/1/21</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.

Signature

1/13/22

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2022

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 Arthur J. Gallagher Risk Management Services, Inc. 8 Cadillac Drive, Suite 200 Brentwood TN 37027	CONTACT NAME: JoAnn Warpool PHONE (A/C, No, Ext): 615-377-5153 E-MAIL ADDRESS: JoAnn_Warpool@ajg.com		FAX (A/C, No): 615-263-5853
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED TruGreen Limited Partnership 1790 Kirby Parkway Forum II Tower Memphis TN 38183	TRUGHOL-01	INSURER A : National Union Fire Insurance Company of Pittsburg 19445	
		INSURER B : All Insurance Company 19399	
		INSURER C :	
		INSURER D :	
		INSURER E :	

COVERAGES

CERTIFICATE NUMBER: 727275652

REVISION NUMBER:

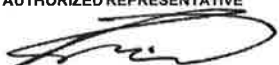
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pest/Herb Appl <input checked="" type="checkbox"/> \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL5425760	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 3,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 20,000,000 PRODUCTS - COMP/OP AGG \$ In 20,000,000 \$
A A A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> \$2000000 Ded <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA4993205 CA4993207 CA4993206	1/1/2022 1/1/2022 1/1/2022	1/1/2023 1/1/2023 1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B B B B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC017515698 (AOS) WC017515701 (CA) WC017515702 (MA, WI) WC65885929 (NY)	1/1/2022 1/1/2022 1/1/2022 1/1/2022	1/1/2023 1/1/2023 1/1/2023 1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

See remarks page for additional workers compensation policies.
 General Liability Coverage has Pesticide or Herbicide Applicator Endorsement. All Workers Compensation Policies have \$2,000,000 Deductible.
 Effective 3/1/20 the state of Texas is no longer a covered state under the workers compensation policy.

CERTIFICATE HOLDER**CANCELLATION**

The City of South Bend 227 West Jefferson Boulevard 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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ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher & co.		NAMED INSURED TruGreen Limited Partnership	
POLICY NUMBER see certificate			
CARRIER see certificate	NAIC CODE	EFFECTIVE DATE: 1/1/2022	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

Additional Information

*The Named Insured includes (but is not limited to):

- TruGreen Holding corporation
- TruGreen, Inc.
- TruGreen companies LLC
- TruGreen Limited Partnership

EG Systems, LLC
d/b/a Scotts Lawn Service
d/b/a Action Pest Control
d/b/a Ortho Pest Control

Outdoor Home Services, Inc.