

Rec 073908 \$90.75

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

I. APPLICATION TYPE Check One: New Renewal X

II. BUSINESS DATA

A. Business Name: A Cut Above Tree Service

B. Business Address: 2430 Portage Rd.

City: Niles State: MI Zip: 49120

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-276-8355

E. Business Fax Number: _____

F. E-Mail Address: ericgold50@gmail.com

G. Number of Employees: 3

H. Number of Vehicle Plates Needed: 5

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

Boom Truck, Chippers, Grinders, Dump Trucks

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

If No, where is stock purchased: _____

K. Insurance Carrier, Agency, and Amount of Liability Insurance: 1 million dollars

L. Type of zoning at the business location: _____

CONTINUE TO NEXT PAGE

For Office Use Only

Application Filed FEB 10 2022 Parks Board Approval _____

Application Fee Paid FEB 10 2022 License Fee Paid FEB 10 2022

Sent to Dept. FEB 10 2022 License Number ARB2022-029

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: Eric Goup
- B. Residential Address: 2430 Portage Rd
City: Niles State: Mi. Zip: 49120
- C. Residential Telephone Number: _____
- D. Cellphone Number: 574-210-3658
- E. Position with Business: owner

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: _____
- 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: _____ Explain Fully: We are able to identify

Prevalent Tree /Shrub diseases by diagnoses of problem. We also
are fluent in administering the correct treatment(s) to correct disease.

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

Explain Fully: NONE

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

- 1: Jeremy Bishop 11469 Greenhill Dr S.B
- 2: Margaret Jones 2630 Portage Rd Niles Mi.
- 3: Wendy Miller 328 McComb Roseland IN.
- 4: Dave Eckert 1549 Miller Rd. Buchanan Mi.

CONTINUE TO NEXT PAGE

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

D. Please list all previous employment for three (3) years prior to the date of this application:

Company	Address	City, State, ZIP	Dates
<u>Handwritten</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.

Eric Dadd

Signature

2/7/22

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/1/2021

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).

PRODUCER Dan Berry Insurance Agency Inc. 54101 Ironwood Road South Bend, IN 46637	CONTACT NAME: PHONE (A/C, No, Ext): (574) 255-6222 E-MAIL ADDRESS: business@dbimail.com FAX (A/C, No): (574) 254-2630
INSURED Gold Enterprises LLC dba A Cut Above Tree Service 2430 Portage Rd Niles, MI 49120	INSURER(S) AFFORDING COVERAGE INSURER A : Pekin Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
	NAIC # 24228

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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			CL0251374	6/26/2021	6/26/2022	EACH OCCURRENCE \$ 1,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100.00 MED EXP (Any one person) \$ 5.00 PERSONAL & ADV INJURY \$ 1,000.00 GENERAL AGGREGATE \$ 2,000.00 PRODUCTS - COM/POP AGG \$ 2,000.00
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			005826387	6/26/2021	6/26/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

CERTIFICATE HOLDER	CANCELLATION
---------------------------	---------------------

The City of South Bend Department of Community Investment 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
--	---