CK 5655

\$136.95

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

I. APPLICATION TYPE Check One:	New	Renewal _	_X
II BUSINESS DATA	1 9 1		6
	True Service	e LLC	17.
city: South Bend	State	: In Zir	: 46613
City:	State	:Ziŗ	D:
D. Business Telephone Number:	574-22	0-4437	
F. E-Mail Address: Tree C	utter Kev Q	Mail. Com	
G. Number of Employees:	-10		
USINESS DATA A. Business Name: Kar Tree Service LLC B. Business Address: IN 24 S. Grant St. City: South Bend State: IN Zip: 46613 C. Mailing Address (If different from above): City: State: Zip: State: Zip: D. Business Telephone Number: 574-J20-4437 E. Business Telephone Number: F. E-Mail Address: Tree catter kev & Mail . Com G. Number of Employees: F-ID H. Number of Vehicle Plates Needed: 17 I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: If No, where is stock purchased: K. Insurance Carrier, Agency, and Amount of Liability Insurance: No: Serry Insurance Hyerocy S. 600000. L. Type of zoning at the business location: CONTINUE TO NEXT PAGE For Office Use Only ication Filed MAR 1 0 2022 License Fee Paid MAR 1 0 2022 License Number ARB9099-034 Plate Number(s)			
I. List Equipment for planting, rem	oving, trimming, spi	raying, and care of tre	es and shrubs:
t 			
L Do you propagate your own stor	rk? Vac	No	
Don Beach Tracus	anount of Liability II	Surance.	^
Tan Daig 213 yan	e Hyency		
L. Type of zoning at the business lo	cation:		
		ONTINOE TO NEXT TO	
	For Office Use Only	i i	
MAR 1 0 2022	-		
Application Filed MAIN 1 A anna			0 2022
.pp.:eariori.ee raid_			034
	Plate Number	r(s)	
Not Approved			
	C		

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

III. APPLIC	ANT'S PERSONAL DATA
A.	Applicant's Legal Name: Kevin J. Kenney
В.	Residential Address: 1924 S. Grant 8+
	City: South Bend State: IN Zip: 46613
	Residential Telephone Number:
D.	. Cellphone Number: <u>574 - J20 - 4437</u>
E.	Position with Business: Owner
	RS PERSONAL DATA
Α.	Owners Legal Name: Some As Above-
В.	. Residential Address:
	City:Zip:
C.	. Residential Telephone Number:
D	. Cellphone Number:
E.	Position with Business:
A	IENCE / REFERENCES Are you familiar with prevalent tree and shrub diseases and competent to prescribe and apply control measures? Yes: No: Explain Fully: Propur Pruning in Wintermonths on going Studies via Internet, Books, Tree Care Magazines. What experience or training in tree surgery have you had? Explain Fully: Reading Books and ongoing Studies. Institute of the surgery for the surgery
С	List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates): 1: Ron Wilson, C230 Crown Ct. 5B, IN 46614 2-28-2022 2: Trish Castom Home's 607 Corby Blod, 5B, Ind 1-13-2022 3: Savant Propertys 28203 lennsy luania tue, E1Khart 1-6-2022 4: Rural Services, 60918 hs 315, SB, Ind 1-3-2022

CONTINUE TO NEXT PAGE

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

	D. Please list all previou	us employment for three (3)	years prior to the date of	this application:
	Company	Address	City, State, ZIP	Dates
	self			
			÷	# X
			1 :	
	(Attach additional shee	ts if necessary)		
	E. Do you have an Inter Yes:	national Society of Arboricul _No:	ture certification?	
	If yes, submit a cop	y of the certification with the	e application.	
VI.	INCLUDE CERTIFICATE O	F INSURANCE WITH APPLICA	TION WITH THE CITY OF S	OUTH BEND
LISTE	D AS AN ADDITIONAL CER	TIFICATE HOLDER		
VII.	INCLUDE \$5.00 PROCESS	ING FEE WITHAPPLICATION		
VIII.A	FFIRMATION			
	accurate to the best of mislead the City in this inspection of my equip	firm that all of the information my knowledge. I further cert application by omitting facts ment by the Board of Park Colons of the Arborist license for the Arborist licen	tify that I have in no way a known to me. I agree to ommissioners or their age	ettempted to permit periodic ent. I have read and
 ;	Kuri Jelmin Signatu	<u></u>	3-6-	<u> </u>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/7/2022

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 confor rights to the certificate holder in lieu of such policy.

	his certificate does not confer rights	io ine	cert	moate noiver in lieu of Su	CONTA		1.				
Da	Berry Insurance Agency Inc.				PHONE (A/C, No, Ext): (574) 255-6222 (A/C, No): (574) 254-2630						
54101 Ironwood Road South Bend, IN 46637				E-MAIL (A/C, No.): (574) 254-2650 E-MAIL (A/C, No.): (574) 254-2650							
	,				WANTE			RDING COVERAGE			NAIC#
					INCHES						15350
INS	URED				INSURER A: West Bend Mutual Insurance Co						23043
											23043
	Kevin J Kenney Dba K&R T 1724 South Grant	ree S	ervic	e	INSURER C :						
	South Bend, IN 46613				INSURER D:						
					INSURER E :						
~	WED AGES				INSURE	RF:		areas are the resistance of	Zairearo	_	
_				E NUMBER:				REVISION NUMB			
	THIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUI ' PER' POLI	REM TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	V OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH JED HEREIN IS SUB	RESPEC	OT TO	WHICH THIS
NSF	TYPE OF INSURANCE	ADDL INSD	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	•	
Α	X COMMERCIAL GENERAL LIABILITY		1.000					EACH OCCURRENCE		s	1,000,000
	CLAIMS-MADE X OCCUR			2128333		8/11/2021	8/11/2022	DAMAGE TO RENTED PREMISES (Ea occurre		S	100,000
								MED EXP (Any one per		\$	5,000
								PERSONAL & ADV INJ		\$	1,000,000
	GENL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT		\$	2,000,000
	POLICY PRO LOC				-			PRODUCTS - COMPIC		9	2,000,000
	OTHER:				10.0	₹ 58	100	PRODUCTS - COMPIC		2	
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	IMIT	\$	300,000
	ANY AUTO			2128333		8/11/2021	8/11/2022	BODILY INJURY (Per person) \$			
	OWNED AUTOS ONLY X SCHEDULED AUTOS						7.7.2.	BODILY INJURY (Per a		s	
	X HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	10,000
										\$	
	UMBRELLA LIAB ÖCCUR							EACH OCCURRENCE		s	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							7.00HEG/HE		\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WC5-33S-B2194Z-011				X PER STATUTE	OTH- ER	Ψ		
					11/10/2021	11/10/2022	EL EACH ACCIDENT		S	500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EM			500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below										500,000
_	BEGGRIF HON OF EIGHT HONG BEIGW							E.L. DISEASE - POLIC	Y LIMIT	\$	- 10
	-		ľ								- 1060
											L.
ES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE) 101, Additional Remarks Schedul	le, may b	в attached if mor	re space Is requir	red)			
				(R				3.0			10°56E
E	RTIFICATE HOLDER				CANC	ELLATION			J. 19		
City of South Bend Board of Public Works 227 West Jefferson Blvd 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				's f		