CK1666 \$141.00

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

I. APPLICATION TYPE	Check One:	New	Renewal	
II. BUSINESS DATA A. Business Nat B. Business Add City: C. Mailing Addi City: D. Business Tel E. Business Fax F. E-Mail Addre G. Number of E	me: KC Today Services (If different from ephone Number:	El Incor E. US Hu State mabove): State 574-67	porated by 20 e: IN z	ip: 46552
1. List Equipment Bobcats	nt fo r planting, rem	oving, trimming, sp	praying, and care of tr Y Truck 1 Pic No: X	
K. Insurance Ca Selective policy	Secura	Amount of Liability of Appala general Tic cation: Comm	Insurance: Through whitely politically nevertal CONTINUE TO NEXT P	m umbrello cies
Application FiledApplication Fee Paid Application Fee Paid Sent to DeptFE Not Approved Reason	FEB 1 4 2022 FEB 1 4 2022 3 1 4 2022	Plate Numbe	Approval	Q31 C31

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

Ш	. APPLICANT'S PERSONAL DATA
	A. Applicant's Legal Name: Kega Keja ley
	B. Residential Address: 7429 Kl. Hollyhock Lane
	city: New Carlisle State: IN zip: 46552
	C. Residential Telephone Number:
	D. Cellphone Number: 574-850-3062
	E. Position with Business: Dwner President
IV.	OWNERS PERSONAL DATA
IV.	A. Owners Legal Name: Kregg Keigley
	B. Residential Address: 7429 N. Holly hook Lane
	111 ~~
	C. Residential Telephone Number:
	D. Cellphone Number: 574 - 850 - 306 a
	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 do not treat or provide
	remediation though, We trin and remove trees
	and whines
	B. What experience or training in tree surgery have you had?
	Explain Fully: Howe been in the tree business for
	35 years.
	C. List below, the names and addresses of not less than four (4) clients where you have
	recently performed work (include dates):
	1: Bonnie Blank: 5132 W. Concord Dr. Latorte, IN: 11-16-2
	2: Rich Horvath: 52635 Swanson Dr. SouthBend IN: 12-22-2
	3: Homeworks: Multiple addresses recent 838 S. Gladstone Ave 4: Richard Dittoe: 1821 Larkypur Ct. Mishawaka, In 9-28-2
	4: Richard Dittoe: 1821 Larkypur Ct. Mishawaka, IN. & 9-38-2

CONTINUE TO NEXT PAGE

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

D. Please list all previou	D. Please list all previous employment for three (3) years prior to the date of this application:							
Company	Address	City, State, ZIP	Dates					
KC Tree Inc	2913 IIKH	20 No Cartalo	1907-1					
	O IT TO DITING	The ULFC	1101-01					
(Attach additional sheet	ts if necessary)	#155-40-0	0 m 16 mg h 14					
E. Do you have an International Society of Arboriculture certification? Yes:								
If yes, submit a copy	of the certification with t	he application.						
VI. INCLUDE CERTIFICATE OF	INSURANCE WITH APPLIC	ATION WITH THE CITY OF SO	UTH BEND					
LISTED AS AN ADDITIONAL CERT								
VII. INCLUDE \$5.00 PROCESSI	ING FEE WITHAPPLICATION	V						
VIII.AFFIRMATION								
VIII.ATTIMATION								
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.								
J.Cy	My/	2-1	11-22					
Signatur	e V		Date					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/10/2022

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).

tr	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	DUCER				CONTACT Jessica Roush						
Sy	nergy LLC				PHONE (A/C, No, Ext): (574) 231-6574 FAX (A/C, No): (574) 258-9177						
13	300 Jackson Road				E-MAIL ADDRESS: jroush@synergyinsurancegroup.com						
					ADDRE	00.	-		-		
Mis	hawaka			IN 46544		RA: Selectiv		C 10250			NAIC#
	RED	_	-	114 70574							19259
INSU					INSURER B: SECURA INSURANCE CO					22543	
	K C Tree Inc				INSURE	RC: APPAL	ACHIAN UNE	ERWRITERS,IN	1C.		524210
	8913 E US 20				INSURE	RD:					
1					INSURER E:						
	New Carlisle			IN 46552 INSURER F:							
CO	VERAGES CEF	TIFI	CATE	NUMBER:				REVISION NUM	MBER:		
TI	IIS IS TO CERTIFY THAT THE POLICIES	OF	INSUF	RANCE LISTED BELOW HAY	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOV	E FOR TH	IE POL	ICY PERIOD
	DICATED. NOTWITHSTANDING ANY R										
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUI	BJECT TO	ALL	THE TERMS,
INSR LTR		ADDL	SUBR		DELIT	POLICY EFF (MM/DD/YYYY)				•	
LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		00.000
	23						1	DAMAGE TO RENT		\$ 1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occu		\$ 100	0,000
								MED EXP (Any one person)		\$ 10,000	
В				20-CP-003311492-11		9/17/2021	9/17/2022	PERSONAL & ADV INJURY \$ 1,0		\$ 1,0	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 3.0		000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 3,00		00,000	
	OTHER:		1			-		Pesticide/Herbi	icide Ap	\$ 1,0	00,000
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOSONLY HONOMOWNED		-					COMBINED SINGLE (Ea accident)	LIMIT	\$ 1.0	000,000
			1			1		BODILY INJURY (Pe			
Α				S 2414082	0	9/17/2021	9/17/2022	BODILY INJURY (Pe			
^				3 24 14002		5/11/2021		PROPERTY DAMAG			
	AUTOS ONLY AUTOS ONLY		1		1			(Per accident)		\$	
		-	-							\$	
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	CE	\$ 5,0	000,000
В	DED X RETENTIONS 0			20-CU-003311493-11		9/17/2021	9/17/2022	AGGREGATE		\$ 5,0	000,000
							Pers & Adv Inju		\$ 5,0	000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				9/17/20:			X PER STATUTE	OTH- ER		
_			1 1	MATE COPOCO A GO		9/17/2021	9/17/2022	E.L. EACH ACCIDE	NT	\$ 1,0	00,000
С				WTE 5050584 02				E.L. DISEASE - EA E		s 1.0	000,000
								E.L. DISEASE - POL			000,000
	DEDOKII NOVO GI ETATRORE BEION							EIC, DIOLE TOL	io, cimi	- 1	
			1				ŀ				
								1			
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is regulared)										
DESC	ARTHON OF OPERATIONS / LOCATIONS / VEHIC	LES (A	LOND	101, Additional Remarks Schedu	ie, may b	e attached ii mon	e space is requir	a			
CEF	CERTIFICATE HOLDER CANCELLATION										
				Ï				ESCRIBED POLIC			
							REOF, NOTICE	WILL E	BE DE	LIVERED IN	
City of South Bend			ACCORDANCE WITH THE POLICY PROVISIONS,								

© 1988-2015 ACORD CORPORATION. All rights reserved.

227 W. Jefferson Blvd.

South Bend

IN 46601

AUTHORIZED REPRESENTATIVE