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

I. APPLICATION TYPE Check One:	NewRenewal
II DUGINEGE DATA	
II. BUSINESS DATA A. Business Name: New I mage	Tree Service LLC.
B. Business Address: 1714 M	
City: South Beno	
C. Mailing Address (If different from al	* • · · · · · · · · · · · · · · · · · ·
city: South Bend	
D. Business Telephone Number: 57	79-985-7713
E. Business Fax Number:	
F. E-Mail Address: R:CK - Lo	sez @ hotmanl. com
G. Number of Employees:l	
H. Number of Vehicle Plates Needed:	4
I. List Equipment for planting, removir	ng, trimming, spraying, and care of trees and shrubs:
Chainsens, Ropes, Shears, 600	s oil
12	٧
J. Do you propagate your own stock?	7
If No, where is stock purchase	d: Conger Valley
K. Insurance Carrier, Agency, and Amo	unt of Liability Insurance: Pescal Borke
Imillion /2 million	
L. Type of zoning at the business locati	on: Light Industrial
	CONTINUE TO NEXT PAGE
For	Office Use Only
APR 0 7 2022	
Application FiledApplication Fee Paid APR 0 7 2022	Parks Board Approval APR 0 7 2077
Application Fee Paid APR 0 7 2022 Sent to Dept. APR 0 7 2022	License Fee Paid APK U 1 2022 License Number ARBADAA-037
APR U 1 2022	Plate Number(s)
	A NO.
Not Approved	En a la Caración de l
Reason	

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

Ш	. APP		NT'S PERSONAL DATA
			Applicant's Legal Name: Rickey N Lope Z
		В. І	Residential Address: 933 West Weber Squee
			City: South Pens State: 14 Zip: 46617
		C. I	Residential Telephone Number: Same
		D.	Cellphone Number: X 5 p n c
			Position with Business: o waw
IV.	ow	NER	S PERSONAL DATA
		Α.	Owners Legal Name: Space
		В.	Residential Address:
			City:State:Zip:
		C . I	Residential Telephone Number:
		D.	Cellphone Number:
		E. I	Position with Business:
.,	EVD		NOT / DEFENDANCES
v.	EXP		NCE / REFERENCES
		A.	Are you familiar with prevalent tree and shrub diseases and competent to prescribe and apply control measures?
			Yes: No: Explain Fully: We Remove Ash trees with ash Bour & Treat offer smess with trust maps as
			needed
		В.	What experience or training in tree surgery have you had?
			Explain Fully: This will Be my 19th Sees on Dong
			Trommings & Penovels.
		C.	List below, the names and addresses of not less than four (4) clients where you have
			recently performed work (include dates):
			1: South Burs Auport 11/21 > Present
			2: Mattus Ware House Grape Ro mohamatea 10/1/21
			3: May; Blast Olive Ro S. H. Boro 6/21 - 6/21
			4: Robert 70167 Windring Pars Notes 2/1/22 - 2/4/22

CONTINUE TO NEXT PAGE

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

	D. Please list all previous	employment for three (3) years prio	r to the	date of t	this applic	cation:
	Company	Address	City	, State,	ZIP	Da	tes
	New Image Tree	1714 Main St	South	Buro	<u>۲۰۲۱</u>	Since	2010
	(Attach additional sheets	if necessary)			- 11	Very 1	- ×
	E. Do you have an Interna Yes:N		ulture certif	ication?			
		No: of the certification with t	he applicati	on.			
VI.	INCLUDE CERTIFICATE OF I D AS AN ADDITIONAL CERTI		ATION WITI	H THE C	ITY OF SO	OUTH BEI	ND
VII.	INCLUDE \$5.00 PROCESSIN	IG FEE WITHAPPLICATION	N				
VIII.A	FFIRMATION						
	I, hereby, certify and affir accurate to the best of m mislead the City in this ap inspection of my equipme understand the regulatio Code, Section 4-19.	ny knowledge. I further ce pplication by omitting fac ent by the Board of Park	rtify that I h ts known to Commission	nave in r me. I a ners or t	no way a gree to p heir ager	ttempted permit pe nt. I have	l to riodic read and
\rightarrow	Ref				2/9	1/22	i
/	Signature	9				Date	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/28/2022

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).

	DUCER			NAME:	rasu	al Burke			
ı	Pascal Burke Insurance Brokerage		•	PHONE (A/C, N	o, Ext): (877)	893-7629	FAX (A/C, No)	(949)	340-8412
1	2102 Business Center Drive., Ste. 2	280		E-MAIL ADDRE	Incur	e@pbibinc.	com		
ı	Irvine, CA 92612						RDING COVERAGE		NAIC#
	0L98468			INSUR	ERA: Rockin	gham Spec	ialty, Inc		16650
	IRED			INSUR	ERB:				
	Rick Lopez DBA New Image Tree S	Servi	ce	INSUR	ERC:				
				INSUR	ER D :				
	1714 S Main St			INSUR	ER E :				
	South Bend, IN 46613			INSUR	ERF:				
CO	VERAGES CER	TIFI	CATE	NUMBER:			REVISION NUMBER:		
INSR	XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIM	TS	
LTR		INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		LIM	TS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR	1	1 1				PREMISES (Ea occurrence)	\$	50,000
Α		Y	Y	RINA407166-00	03/22/2022	03/22/2023	MED EXP (Any one person)	\$	5,000
^			1.1		CONTENT	UUIZEIEUEU	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO				1		BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	

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

All locations as required by written contract.

CLAIMS-MADE

N/A

CERTIFICATE HOLDER

DED

City of South Bend

227 West Jefferson Blvd Suite 1400

RETENTION \$

WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANYPROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBEREXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below

South Bend, IN 46601

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AGGREGATE

STATUTE E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

AUTHORIZED REPRESENT

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ACORD 25 (2016/03)

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