

CK# 1497 \$79.00

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

I. APPLICATION TYPE Check One: New \_\_\_\_\_ Renewal

#### II. BUSINESS DATA

A. Business Name: HIGHER GROUND TREE CARE, LLC

B. Business Address: 12586 HEATHER PARK DRIVE

City: GRANGER State: IN Zip: 46530

C. Mailing Address (If different from above): 50797 SAFARI DR

City: GRANGER State: IN Zip: 46530

D. Business Telephone Number: 574-276-6359

E. Business Fax Number: \_\_\_\_\_

F. E-Mail Address: matt@hgtreecare.com

G. Number of Employees: 7

H. Number of Vehicle Plates Needed: 4

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

Spray Rig, Mini Skid Steer, Wood Chipper, Bucket Truck, Dump trailer, chainsaws, trucks/trailers

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

If No, where is stock purchased: \_\_\_\_\_

K. Insurance Carrier, Agency, and Amount of Liability Insurance: West Bend Mutual Ins.

Synergy Insurance Group, 1,000,000

L. Type of zoning at the business location: Commercial

#### For Office Use Only

Application Filed JAN 28 2019 Parks Board Approval \_\_\_\_\_

Application Fee Paid JAN 28 2019 License Fee Paid JAN 28 2019

Sent to Dept. JAN 28 2019 License Number 19-7146

Plate Number(s) \_\_\_\_\_

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

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#### III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: MATTHEW HOGARTH
- B. Residential Address: 50797 Safari Dr  
City: Granger State: IN Zip: 46530
- C. Residential Telephone Number: \_\_\_\_\_
- D. Cellphone Number: 574-276-6359
- E. Position with Business: Owner

#### IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: (same) Matthew Hogarth
- B. Residential Address: 50797 Safari Dr  
City: Granger State: IN Zip: 46530
- C. Residential Telephone Number: 574-272-1005
- D. Cellphone Number: 574-276-6359
- 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: Isa Certified Arborist IN-3431A  
Passed Indiana ornamental pest management exam 3A  
(Office of Indiana State Chemist)
- B. What experience or training in tree surgery have you had?  
Explain Fully: Certified Arborist; CTSP through TCIA #01648  
Arbormaster training for climbing
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):  
1: Diane Musegrave, Quail Ridge HOA, 5117 Bricrest Circle, Granger; Jan 2019  
2: Jim Brubaker, kraupfer@gmail.com, Brubaker Designs; Dec 10 2018  
3: Anthony Bryan, BTD Properties, 1847 Garden St., Elkhart; Nov 2018  
4: Dave Niswonger, 52090 Hickory Rd, Granger, IN; Nov 2018

**LICENSE APPLICATION FOR - ARBORIST  
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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>Self HGTC</u>	<u>50797 Safari Dr</u>	<u>Granger, IN 46530</u>	<u>June, 2014 - present</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

E. Do you have an International Society of Arboriculture certification?

Yes:  No:

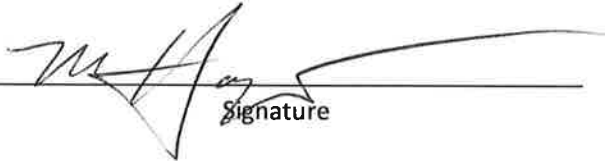
If yes, submit a copy of the certification with the application.

**VI. INCLUDE CERTIFICATE OF INSURANCE WITH APPLICATION WITH THE CITY OF SOUTH BEND LISTED AS AN ADDITIONAL CERTIFICATEHOLDER**

**VII. INCLUDE \$5.00 PROCESSING FEE WITHAPPLICATION**

**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

1-18-'19  
Date

**OFFICE OF INDIANA STATE CHEMIST**

Purdue University  
175 S. University St.  
West Lafayette, Indiana 47907-2063

**COMMERCIAL PESTICIDE BUSINESS LICENSE**

This authorizes the company listed hereon to engage in for-hire pesticide use business in the categories listed on this form. It is valid in these categories only as long as applicator(s) currently licensed with this business hold valid certification(s) as listed.

**VALID CATEGORIES**  
3A

**LICENSE NUMBER: 260259**  
**EXPIRATION DATE: 12/31/2019**

**ØØD73X**

**HIGHER GROUND TREE CARE**  
50797 SAFARI DR  
GRANGER IN 46530

*Robert D. Waltz*  
**STATE CHEMIST**

To the right is your Pesticide Applicator License. Carry this license when making applications. Your CCH credits are listed below. Call 765-494-1594 if you have questions or visit [www.oisc.purdue.edu](http://www.oisc.purdue.edu).

Category	Earned	Required	Expires
3A	1	15	12-31-19



**Office of Indiana State Chemist**  
[www.oisc.purdue.edu](http://www.oisc.purdue.edu)  
**Pesticide Applicator License**  
Cat: 3A

License #: **F257133**

Expires: **12/31/2019**

**MATTHEW D HOGARTH**  
HIGHER GROUND TREE CARE



**MATTHEW D HOGARTH**  
HIGHER GROUND TREE CARE  
50797 Safari Dr  
Granger IN 46530



**Certified Tree Care Safety Professional**

This card certifies that  
**Matt Hogarth**  
has been accorded the designation  
"Certified Treecare Safety Professional", or  
CTSP, by the Tree Care Industry Association



Certification #: **01648**  
Renewal Date: **11/18/2020**

*Peter Gerstenberger*  
**Peter Gerstenberger**  
Senior Advisor for Safety, Compliance & Standards



Have not received updated card. It is renewed.



HIGHE02

OP ID: KH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/22/2019

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).

<b>PRODUCER</b> <b>Synergy Insurance Group</b> 13800 Jackson Road Mishawaka, IN 46544-9195 David D Atkinson	574-258-5555	<b>CONTACT NAME:</b> Kelsea Hueni <b>PHONE (A/C, No, Ext):</b> 574-258-5555 <b>E-MAIL ADDRESS:</b> khueni@synergyinsurancegroup.com	<b>FAX (A/C, No):</b> 574-258-9177
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Higher Ground Tree Care, Llc Matt Hogarth 12586 Heather Park Dr. Granger, IN 46530	<b>INSURER A :</b> West Bend Mutual Ins. Co.		15350
	<b>INSURER B :</b> Travelers Insurance Co.		40282
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			A538064	12/01/2018	12/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A538064	12/01/2018	12/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	6JUB 8H204262 18	07/14/2018	07/14/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>Commercial Applica</b>			A538064	12/01/2018	12/01/2019	

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

<b>CERTIFICATE HOLDER</b>  City Of South Bend Department of Community Investment, 1400 S. 227 W. Jefferson Blvd. South Bend, IN 46601	<b>CANCELLATION</b>  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 <i>Kelsea Hueni</i>