

\$90.25

For all municipal business license questions, contact: City of South Bend • Department of Community Investment
227 West Jefferson Blvd • Suite 1400 S • South Bend, Indiana 46601 • 574.235.5912 • F: 574.235.9021

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

I. APPLICATION TYPE Check One: New Renewal X

II. BUSINESS DATA

A. Business Name: Homer Tree Service, Inc

B. Business Address: 16464 W 143rd St

City: Lockport State: IL Zip: 60441

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 815-512-7018

E. Business Fax Number: 815-838-6027

F. E-Mail Address: laura.karti@hometree.com

G. Number of Employees: 25

H. Number of Vehicle Plates Needed: 5

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

20-90 Chipper, 30 yard chip truck, stump grinder,
Chip truck, bucket truck, skid steer

J. Do you propagate your own stock? Yes: N/A No: _____

If No, where is stock purchased: _____

K. Insurance Carrier, Agency, and Amount of Liability Insurance: _____

see attached

L. Type of zoning at the business location: _____

For Office Use Only

Application Filed MAR 22 2019 Parks Board Approval _____

Application Fee Paid MAR 22 2019 License Fee Paid MAR 22 2019

Sent to Dept. MAR 22 2019 License Number 19-8058

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Richard Reposh
- B. Residential Address: 14000 Archer Ave
City: Lockport State: IL Zip: 60441
- C. Residential Telephone Number: no landline
- D. Cellphone Number: 815-693-4248
- E. Position with Business: Arborist Sales

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Ronald Reposh
- B. Residential Address: 14000 Archer Ave
City: Lockport State: IL Zip: 60441
- C. Residential Telephone Number: _____
- D. Cellphone Number: 815-838-0320
- E. Position with Business: President/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: Scope of work is tree removal, not tree care
- B. What experience or training in tree surgery have you had?
Explain Fully: 30 + years of tree removal services
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
1: Hobart Marsh Mitigation/Flood Control Plan Feb 2018
2: Granier Nature Preserve June 2018
3: INDOT # 33905 May 2018
4: Zionsville Rd Reconstruction June 2018

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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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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

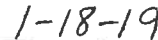
VII. INCLUDE \$5.00 PROCESSING FEE WITHAPPLICATION

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



Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/9/2018

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 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 The Horton Group 10320 Orland Parkway Orland Park IL 60467	CONTACT NAME: Certificates Team
	PHONE (A/C, No, Ext): 708-845-3917 FAX (A/C, No): 708-845-4145
	E-MAIL: constructioncerts@thehortongroup.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Western National Mutual Ins Co NAIC # 15377
INSURED Homer Tree Service, Inc. 16464 W 143rd Street - Suite B Lockport IL 60441	INSURER B : Accident Fund Insurance Company of America 10166
	INSURER C : Berkley National Insurance Co. 38911
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: 1533285889 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.

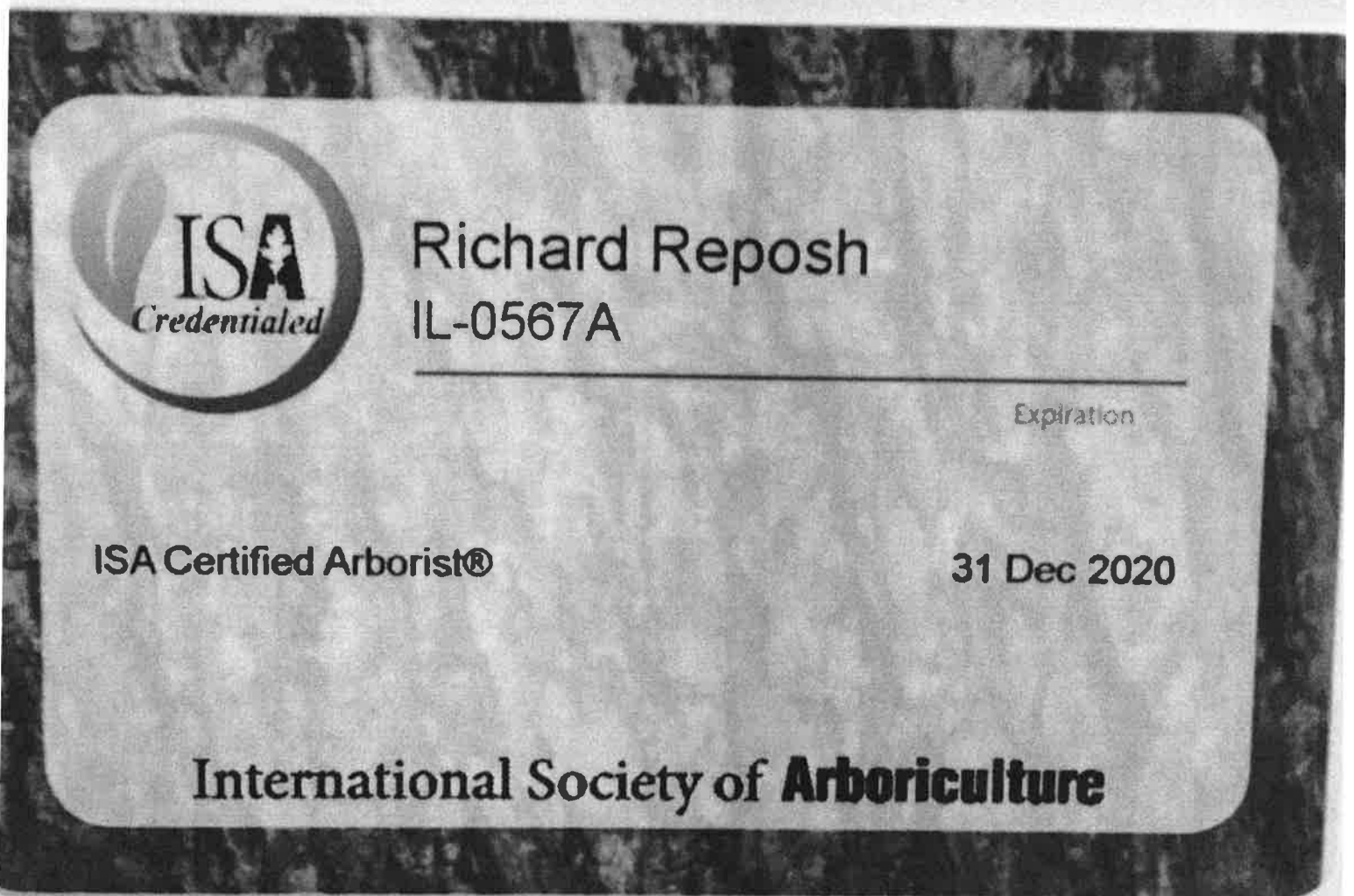
INSR LTR	TYPE OF INSURANCE	ADDD INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	CPP1087512	5/15/2018	5/15/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Pest/Herb Included \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	CPP1086774	5/15/2018	5/15/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	UMB1014555	5/15/2018	5/15/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	WCS7500428	5/15/2018	5/15/2019	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Contractors Equipment Leased & Rented Equip	Y		MIM1000914	5/15/2018	5/15/2019	Lease/Rent Per Item 350,000 Deductible 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional insured on a primary and non-contributory basis with respect to general liability and auto liability only when required by written contract: See Attached; Waiver of Subrogation applies with respect to general liability, auto liability and workers compensation only when required by written contract, per Company Forms. Umbrella follows form. * Broadened Contractual Liability. Work within 50 feet of Railroad Property is included under form CG24270305. The coverage and limits conform to the minimums required by Article 107.27 of the Standard Specifications for Road & Bridge Construction

Additional Insureds: City of South Bend

CERTIFICATE HOLDER City of South Bend 227 W Jefferson Blvd., Suite 1400 S 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. AUTHORIZED REPRESENTATIVE
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you that you have successfully renewed your credential
education. As an ISA credential holder, your dedication
place, one tree at a time.



on, an electronic communication that will quickly provide you
you maintain your credential, and provide tips on maximiz