

1) CK#4892 \$107.00

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: K & R Tree Service LLC

B. Business Address: 1724 S. Grant St.

City: South Bend State: IN Zip: 46613

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-220-4437

E. Business Fax Number: _____

F. E-Mail Address: TreeCutterKevin@mail.com

G. Number of Employees: 2-5

H. Number of Vehicle Plates Needed: 12

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

See Back Bucket Truck, Chip Truck, Chipper, Stump Grinder, Trailers
3 Pickups, Skid Loader, Toro Dingo,

J. Do you propagate your own stock? Yes: _____ No: X

If No, where is stock purchased: _____

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

Dan Barry Insur. Agency \$5,000,000.00

L. Type of zoning at the business location: _____

Bal-10.20

For Office Use Only

Application Filed APR 17 2019 Parks Board Approval _____

Application Fee Paid APR 17 2019 License Fee Paid _____

Sent to Dept. APR 17 2019 License Number 19-3303

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Kevin J. Kenney
- B. Residential Address: 1724 S. Grant St.
City: South Bend State: IN Zip: 46613
- C. Residential Telephone Number: _____
- D. Cellphone Number: 574-220-4437
- E. Position with Business: owner

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Kevin J. Kenney
- B. Residential Address: _____
City: _____ State: _____ Zip: _____
- C. Residential Telephone Number: _____
- D. Cellphone Number: _____
- 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: Years of Experience Trimming Trees Continuous Education & Scheduling
- B. What experience or training in tree surgery have you had?
Explain Fully: Years of Trimming Trees, &
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
1: Lyman Samuel - 714 S 25th St. SB, IN
2: Sharkey LLC - 1221 Lakewood, SB, IN.
3: Loren Aldrich - 5604 Cotswold Lane, S.B., IN
4: Ron Krak - 21905 Kern Rd SB, IN

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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: X

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 CERTIFICATE HOLDER

VII. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

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.

Keri Blum
Signature

Feb 8, 2019
Date

Equipment List

2 - Stump Grinders

3 - Pickup Trucks

1 - Bucket Truck

1 - Chip Truck

1 - Chipper

1 - Toro Dingo

1 - Case Skid Loader

2 - Trailers

12 TOTAL



KEVIJKE-01

KELLY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/8/2019

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).

PRODUCER Dan Berry Insurance Agency Inc. 54101 Ironwood Road South Bend, IN 46637	CONTACT NAME: PHONE (A/C, No, Ext): (574) 255-6222		FAX (A/C, No): (574) 254-2630
	E-MAIL ADDRESS: business@dbimail.com		
INSURED Kevin J Kenney DbA K&R Tree Service 1724 South Grant South Bend, IN 46613	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : West Bend Mutual Insurance Co		15350
	INSURER B : Liberty Mutual Insurance		23043
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC OTHER:	X		2128333	8/11/2018	8/11/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2128333	8/11/2018	8/11/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N <input type="checkbox"/> N / A	WC5-39S-366202-017	5/3/2018	5/3/2019	<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

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

CERTIFICATE HOLDER **CANCELLATION**

City of South Bend 227 W. Jefferson Blvd. Suite 1400 S 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 