

CK1141 \$83.00

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

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name: LEONARDO'S LANDSCAPE & TREE

B. Business Address: 16487 JACKSON RD

City: Mishawaka State: IN Zip: 46544

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-286-7232

E. Business Fax Number: N/A

F. E-Mail Address: N/A

G. Number of Employees: 0

H. Number of Vehicle Plates Needed: 2

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

Bucket truck, 12' chipper, stump grinder, dump trailer,
Pickup truck, skid loader, equipment trailer

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

If No, where is stock purchased: Local landscape supply, McKinley Terrace.

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Lee Insurance Group - Ins. Carrier National Specialty Insurance

Agency - Lee Insurance Group - Ins. Carrier National Specialty Insurance
General Aggregate 2,000,000

L. Type of zoning at the business location: Residential

For Office Use Only

Application Filed MAY 07 2019 Parks Board Approval _____

Application Fee Paid MAY 07 2019 License Fee Paid MAY 07 2019

Sent to Dept. MAY 07 2019 License Number 19-1990

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: LEONARD R. MROZINSKI
B. Residential Address: 16487 JACKSON RD
City: MISHAWAKA State: IN Zip: 46544
C. Residential Telephone Number: N/A
D. Cellphone Number: 574-286-7232
E. Position with Business: OWNER

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: LEONARD R. MROZINSKI
B. Residential Address: 16487 JACKSON RD
City: MISHAWAKA State: IN Zip: 46544
C. Residential Telephone Number: N/A
D. Cellphone Number: 574/286-7232
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: X No: _____ Explain Fully: I am able to identify most diseases but do not have spray equipment to control these issues
- B. What experience or training in tree surgery have you had?
Explain Fully: guarding root, trimming, crown reduction
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
- 1: DON PENROD 57426 32nd Street SB 5/21/18
 - 2: MARY STANLEY 4226 SAIL DR MISHAWAKA 6/29/18
 - 3: COULTER FAMILY DENTISTRY 325 PARK PL ^{MISHAWAKA} 4/12/18
 - 4: PENROD TAX SERVICE 16347 IN-23 -SB 9/23/18

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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 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.

Leonard R. Wojcinski
Signature

4/18/19
Date

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 8/7/2018

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 Lee Insurance Group 31 S. Eddy Street P.O. Box 1975 South Bend IN 46617-1975	CONTACT NAME: Wendy Taylor-Kennedy PHONE (A/C, No, Ext): (574) 234-7788 E-MAIL ADDRESS:	FAX (A/C, No): (574) 233-2522
	INSURER(S) AFFORDING COVERAGE INSURER A: National Specialty Insurance C INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Leonard R Mrozinski, DBA: Leonards Landscape & Tree 5487 Jackson Rd Mishawaka IN 46544		

COVERAGES CERTIFICATE NUMBER: 18/19 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.

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			0766456 10	6/21/2018	6/21/2019	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
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			0766456 10	6/21/2018	6/21/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist BI \$ 1,000,000
UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER (574) 235-9021 City of South Bend 227 W Jefferson Blvd Ste 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 Patrick Kennedy
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