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

I. APPLICATION TYPE	Check One:	New	_Renewal		
II. BUSINESS DATA  A. Business Name: Dave Talboom Lawn Care, Inc  B. Business Address: Algel Kline Trail  City: South Bind State: IN Zip: 46614  C. Mailing Address (If different from above):  City: State: Zip:  D. Business Telephone Number: (574) 234-4883  E. Business Fax Number: (574) 289-3030  F. E-Mail Address: davetalboom@ Jahbo  G. Number of Employees: 23  H. Number of Vehicle Plates Needed:  I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: Sprayer, hand pruners, chainsaw, loppers, spade  J. Do you propagate your own stock? Yes: No:  If No, where is stock purchased: Twix wood, Mckinky Terrace  K. Insurance Carrier, Agency, and Amount of Liability Insurance:					
	Group-Agent ng at the business locatio	n: Agriculture			
	For C	Office Use Only			
Application Fee Paid	AY 1 7 2019 AY 1 7 2019 AY 1 7 2019	_Parks Board Approval _ _License Fee Paid _ _License Number Plate Number(s)	MAY 17 2019 9-5888		
Not Approved Reason	<del></del>				

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	. APPLICA	ANT'S PERSONAL DATA	OI STREET, STREET, STREET,	
	Α.	Applicant's Legal Name: <u>Pame</u>	Ja J Morris	
	В. І	Residential Address: 54840	Bittersweet Road	
		city: Mishawaka	State: IN	zip: 4U545
	C. I	Residential Telephone Number:	574-284-2958	
	D.	Cellphone Number:		
	E. I	Position with Business: PYLSi d	ient	
IV.	OWNER	S PERSONAL DATA		
		Owners Legal Name: Pamelo	al Morris	
		Residential Address: Same		
				Zip:
	<b>C</b> . 1	Residential Telephone Number:		
		Cellphone Number:		
		Position with Business:		
V.		Are you familiar with prevalent to apply control measures?		
		Yes:No:	Explain Fully:	
		·		
	В.	What experience or training in tr		
	В.	What experience or training in tr Explain Fully: None	ee surgery have you had?	
	В.	-		
		Explain Fully: No ne  List below, the names and address	sses of not less than four (4)	
		List below, the names and address recently performed work (include	sses of not less than four (4) e dates):	
		List below, the names and address recently performed work (include 1: Source - South	sses of not less than four (4) e dates):  Bend April 2019	clients where you have
		List below, the names and address recently performed work (include	sses of not less than four (4) e dates):  Bend April 2019 South Bend Juli	
	В.	What experience or training in tr	ee surgery have you had?	

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	D. Please list all previou	is employment for th	ree (3) year	s prior to the date o	of this application:
	Company	Address		City, State, ZIP	Dates
	Dave Talbouml	awacare in c	24981	Kline Trail	SB IN 44414
				111100 11101	25 yrs
	(Attach additional shee	ts if necessary)			
		national Society of Ai No:			
	ii yes, subiiii a cop	y or the certification	with the ap	oncation.	
<b>VI.</b> LISTE	INCLUDE CERTIFICATE OI D AS AN ADDITIONAL CER		APPLICATION	N WITH THE CITY OF	: SOUTH BEND
VII.	INCLUDE \$5.00 PROCESS	ING FEE WITHAPPLIC	ATION		
VIII.A	FFIRMATION			16.	
	I, hereby, certify and af accurate to the best of mislead the City in this inspection of my equipunderstand the regulat Code, Section 4-19.	my knowledge. I furt application by omitti ment by the Board of	her certify t ng facts kno Park Comn	hat I have in no wa wn to me. I agree t hissioners or their a	y attempted to to permit periodic gent. I have read and
	Bernels J 1	Mom		5/	15/12
	Signatu	re		100	Date

**BGROSHANS** 



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/15/2019

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).

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PRODUCER	CONTACT NAME:			
The Healy Group, Inc. 17535 Generations Drive		;(574) 243-3214		
South Bend, IN 46635	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Frankenmuth Ins. Co.	13986		
INSURED -	INSURER B:			
Dave Talboom Lawncare Inc and Fox Valley Farms LLC	INSURER C:			
26981 Kline Trl	INSURER D:			
South Bend, IN 46614-9300	INSURER E:			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELON INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR	ION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESP	PECT TO WHICH THIS		

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 A X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 500,000 CLAIMS-MADE X OCCUR 6605571 9/10/2018 9/10/2019 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000,000 POLICY X PRO LOC PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 A **AUTOMOBILE LIABILITY** Х ANY AUTO 6605570 9/10/2018 9/10/2019 BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY 1,000,000 X X OCCUR **UMBRELLA LIAB** EACH OCCURRENCE \$ 6605571 9/10/2018 9/10/2019 1,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ 10,000 DED X RETENTION \$ X PER STATUTE OTH-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 6605569 9/10/2018 9/10/2019 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

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

CEDT	1510	ATE	110	DED
CERT	ILIC	AID	: no	LUEK

City of South Bend Attn: Business Licensing Department of Community Investment, 1400 S 227 West Jefferson Blvd. 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** 

