

Tree Trimmer Application

The undersigned hereby makes application for a Tree Trimmer license in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 12 Businesses, Article X

		New \$50.00 Renewal \$50.00
BUSINESS INFORMATION		
Business Name:		
Business Address:	City:	State: Zip:
Business Phone:	Email:	
OWNER/APPLICANT INFORMATION		
Owner/Applicant Name:		
Owner/Applicant Address:	City:	State: Zip:
Owner/Applicant Phone:	Email:	
PUBLIC INFORMATION RELEASE I give my permission to the City of Leavenwo Business name Business City & St	Other: rth to release the following information: rate Business Phone Business	
APPLICATION MUST INCLUDE THE FOR Before a tree trimmer's license shall be issufile with the city clerk a certificate of lia authorized to do business in the state provided bodily injury or property and \$2,000,000.0 of operations section shall include the for Leavenworth its assigned, affiliates and officiand non-contributory basis". The policy shall of change or cancellation shall be given to the section of	ued, the applicant for such license shall bility insurance issued by a company riding \$1,000,000.00 per occurrence for 00 aggregate coverage. The description collowing: "tree trimmer" and "City of cers are additional insured on a primary II further include a provision that notice	Office Use Only DateReceived ByInsurance (requirements met)Account NumberLicense NumberBill Number
By signing, I agree to comply with the City of information provided is true and correct. I ususpended until current insurance is received	nderstand that my insurance must remai	_
Owner/Applicant Signature:		Date:

TREE TRIMMER LICENSES EXPIRE FEBRUARY 28th OF EACH YEAR

Fees paid are not prorated, refundable or transferable

Office of the City Clerk • City of Leavenworth • 913-682-9201 • 100 N. 5th Street • Leavenworth, Kansas 66048



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

xx/xx/xxxx

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).

certificate holder in lieu of such endorsement(s).											
PRODUCER CONTACT NAME:											
Agent			PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL								
				ADDRESS:	INSURER(S) AFFOR	DING COVERAGE		NAIC #			
				INCLIDED A .Tr	• • • • • • • • • • • • • • • • • • • •			NAIC #			
INSURED			INSURER A: Insurance Company INSURER B:								
Named Insured			INSURER C :								
Named Induits			INSURER D :								
			INSURER E :								
				INSURER F:							
CO	VERAGES CER	TIFICA	TE NUMBER: Tree Trin								
THIS 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 SU	BR		CY EFF POLICY EXP D/YYYY) (MM/DD/YYYY)		LIMITS				
LIK	COMMERCIAL GENERAL LIABILITY	INSD W	/D FOLICT NUMBER	(IVIIVI/DI	D/1111) (MM/DD/1111)	EACH OCCURRENCE	\$	1,000,000			
A	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence					
n	OB WING WARE A GOOGK		Policy #			MED EXP (Any one persor	,				
						PERSONAL & ADV INJUR	<u> </u>				
	GEN'L AGGREGATE LIMIT APPLIES PER:			. 1/1	4.	GENERAL AGGREGATE	\$	2,000,000			
	POLICY PRO- JECT LOC			M_{II}		PRODUCTS - COMP/OP					
	OTHER:						\$				
	AUTOMOBILE LIABILITY			C	5 V	COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO					BODILY INJURY (Per pers	on) \$				
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per acci	dent) \$				
	HIRED AUTOS NON-OWNED AUTOS		2//		OV.	PROPERTY DAMAGE (Per accident)	\$				
	UMBRELLA LIAB OCCUR	X				EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE				•	AGGREGATE	\$				
	DED RETENTION \$	1		U			\$				
	WORKERS COMPENSATION					PER 01 STATUTE EF	H-				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLO	OYEE \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY L	MIT \$				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (AC	ORD 101, Additional Remarks Sched	lule, may be attac	ched if more space is requ	ired)					
Tre	ee Trimmer).						_				
City of Leavenworth, its assigned, officers and affiliates are additional insured											
on a primary and non-contributory basis											
CERTIFICATE HOLDER CANCELLATION											
City of Leavenworth 100 N 5th Street Leavenworth, KS 66048			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE GIVEN TO THE CITY OF LEAVENWORTH.								
			AUTHORIZED REPRESENTATIVE								

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