



Violations of City Ordinances by Permittees, including but not limited to placing signs on city right of way, may be cause for suspension or revocation of the permit and denial of future permits.

ISSUE DATE: 4/28/2020

CITY LICENSE NO.: 6158


FINCO TREE AND WOOD SERVICE LLC

having, in compliance with the Ordinance of the City of Marshalltown, paid to

the City \$25.00 Dollars, including the Fees for issuing this License, is hereby granted a Tree Trimmer License subject to the Rules and Regulations

established by the Ordinances of said City and the Requirements of the Laws of the State of Iowa, from 4/27/2020 to 6/14/2021

Witness my hand and official seal, the day and year first above written.


Shari L. Coughenour, City Clerk

Joel T. S. Greer, Mayor

001.6020.4230.000

CITY OF MARSHALLTOWN APPLICATION FOR A TREE TRIMMER LICENSE

TREE TRIMMER LICENSES MUST BE APPROVED BY THE CITY COUNCIL OF MARSHALLTOWN

Name of Business: Finco Tree and Wood Service LLC
 Address of Business: ~~1818~~ 52724 2804^{1/2} St Keller IA 50134
 Business Telephone: 515-769-2336
 Owner(s) of Business: Todd Finch CFO
 Home Address/
 Telephone of Owners: NR

If incorporated, is business authorized to transact business in the State of Iowa? YES

Sales Tax Number: 1-85017632M

If title is a trade name, has such name been registered? YES

Date of commencement of business: 1982

Has Owner(s) ever been convicted for violation of the law other than minor traffic offenses?
 Yes ___ No X (A conviction record will not necessarily be a bar to approval. Factors such as nature and seriousness of the violation, age at time of the offense, and rehabilitation will be taken into account.) If you answered yes or if you are unsure, please explain:

EQUIPMENT TO BE USED IN TREE TRIMMING BUSINESS:

VEHICLES/MAJOR EQUIPMENT	LICENSE PLATE NUMBERS	OWNER(S)
<u>HC 7400 Bucket truck</u>	<u>SME</u>	<u>FINCO</u>
<u>HC 4700 Bucket truck</u>	<u>SME</u>	
<u>DODGE 2018 Haul truck</u>	<u>7592 JIN</u>	
<u>FORD 2012 chip truck</u>	<u>1030 JIN</u>	

An Up-To-Date Certificate of Insurance showing liability insurance and worker's compensation coverage must be filed with the City Clerk prior to Issuance of a Tree Trimmer License

Date Insurance Certificate Received _____

[Signature]
Applicant

Applicant

Date: 4-16-2020
 \$25.00 Fee paid ✓

Approved by City Council on 4/27/2020

[Signature]
City Administrator
[Signature]
City Clerk



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/05/2020

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 Severson Insurance Agency Inc 205 Clark - P O Box 743 Ames, IA 50010 Marty Kemp		515-232-7203	CONTACT NAME: Tim Severson PHONE (A/C, No, Ext): 515-232-7203 FAX (A/C, No): 515-232-7451 E-MAIL ADDRESS:		
INSURED Finco Tree & Wood Service Todd Finch 52724 280th St Kelley, IA 50134			INSURER(S) AFFORDING COVERAGE		NAIC #
			INSURER A : Scottsdale Ins Co		
			INSURER B : Auto Owners Insurance Co		18988
			INSURER C : Travelers Companies		
			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"/> X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CPS3217302	06/14/2019	06/14/2021	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
									\$
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:									
B	<input checked="" type="checkbox"/> X	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>			4252859200	09/06/2019	09/06/2021	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"/> X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			CXS0002320	12/04/2019	12/04/2021	EACH OCCURRENCE	\$ 1,000,000
								AGGREGATE	\$
									\$
		DED						RETENTION \$	
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	0G32935-7	09/18/2019	09/18/2021	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
								E.L. EACH ACCIDENT	\$ 500,000
								E.L. DISEASE - EA EMPLOYEE	\$ 500,000
								E.L. DISEASE - POLICY LIMIT	\$ 500,000
A		Scottsdale Ins Co			CPS3217302	06/14/2019	06/14/2021	Rented Eq	200,000

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

Tree Trimming

CERTIFICATE HOLDER City of Marshalltown Iowa 24 N Center St Marshalltown, IA 50158	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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