

# MARSHALLTOWN

I O W A

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: 6/8/2020

CITY LICENSE NO.: 6169

JOSE'S TREE SERVICE

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 6/9/2020 to 5/21/2021

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

*by Shari Coughenour*  
*Joel Greer*

Joel Greer, Mayor

Shari Coughenour, City Clerk

001.6020.4230.000

001.6020.4230.000 (default if not specified)

### APPLICATION FOR A TREE TRIMMER LICENSE

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

Name of Business: Jose's Tree Service

Address of Business: 1205 High View Dr. Marshalltown, IA 50158

Business Telephone: 641-328-0539

Owner(s) of Business: Jose Luis Zamora

Home Address of Owners: 1205 High View Dr. Marshalltown, IA 50158 Home Phone of Owners: 641-328-0539

If incorporated, is business authorized to transact business in the State Of Iowa? \_\_\_\_\_

Sales Tax Number: 164014659

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

Date of commencement of business: 06-02-2016

Has Owner(s) ever been convicted for violation of the law other than minor traffic offenses?  
Yes \_\_\_ No  (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)
Dodge Ram Pick up Truck (1999)	IIU 653	Jose L Zamora
Trailer	ES 9545	Jose L Zamora
Bucket Truck (1992)	EDE 585	Jose L Zamora

*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 \_\_\_\_\_ Insurance Expiration Date \_\_\_\_\_

JOSE L ZAMORA

Applicant

Date: 06-01-20

\$25.00 fee Paid

Approved by City Council on 6/8/2020

Co-Applicant

City Administrator

*Please remember that all brush and tree trimmings must be disposed of in a proper and legal fashion.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/01/2020

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).

<b>PRODUCER</b> Shomo-Madsen Insurance 22 E Main St  Marshalltown IA 50158		<b>CONTACT NAME:</b> Deborah Ewoldt <b>PHONE (A/C, No, Ext):</b> (641)753-6691 <b>FAX (A/C, No):</b> (641)752-5360 <b>E-MAIL ADDRESS:</b> dewoldt@shomo-madsen.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Pekin Insurance	<b>NAIC #</b> 24228
<b>INSURED</b>		<b>INSURER B:</b>	
Jose Zamora, DBA: Jose's Tree Service 1205 High View Dr  Marshalltown IA 50158		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: CL206105481

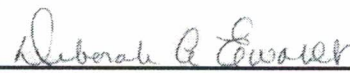
REVISION NUMBER:

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			CL0211608-D	05/02/2020	05/02/2021	EACH OCCURRENCE	\$ 500,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 500,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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****CANCELLATION**

City of Marshalltown 24 N Center St  Marshalltown IA 50158	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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