

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:

9/8/2020

CITY LICENSE NO.: 6187

**Thorp Logging &
Landclearing**

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

the City

\$25.00 Dollars,

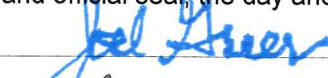
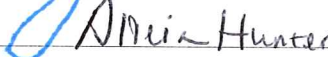
including the Fees for issuing this License, is hereby granted a

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 8/15/2020 to 3/31/2021

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

Joel Greer, Mayor

Alicia Hunter, City Clerk, 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: Thorp Logging & Land Clearing (Robert William Thorp)
 Address of Business: 1827 235th St Jefferson IA
 Business Telephone: 515-370-1574
 Owner(s) of Business: Robert W Thorp
 Home Address of Owners: 1827 235th St Jefferson IA 50129 Home Phone of Owners: 515-370-0593

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

Sales Tax Number: [REDACTED]

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

Date of commencement of business: _____

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>Mack</u>	<u>1BE235</u>	<u>Robert W Thorp</u>
<u>Chevy Tool truck</u>	<u>JPB134</u>	<u>Robert W Thorp</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 9/9/20 Insurance Expiration Date 3/31/21

Robert W Thorp
Applicant

Co-Applicant

Date: 9/9/20

\$25.00 fee Paid ✓

Approved by City Council on _____

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)
09/08/2020

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 Loggers Ins. Agency II, LLC 3243 Golf Course Rd Rhinelander, WI 54501 Loggers Ins. Agency II, LLC 715-282-7909	CONTACT NAME: Kim E Pieniasek PHONE (A/C, No, Ext): 715-282-7909 E-MAIL ADDRESS: kimp@loggerinsurance.com		FAX (A/C, No): 715-282-7908
	INSURER(S) AFFORDING COVERAGE		
INSURED Robert W Thorp Bill Thorp 1827 235th St Jefferson, IA 50129	INSURER A: Secura Ins, A Mutual Company		NAIC # 22543
	INSURER B: Hartford Underwriters Ins Co		30104
	INSURER C:		
	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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CP3045952	03/31/2020	03/31/2021	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
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			A3045953	03/31/2020	03/31/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	5M108270	08/15/2020	05/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER City of Marshalltown 24 N Center Street 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 Loggers Ins. Agency II, LLC