



# Application for Tree Contractor License

City of Burnsville  
13713 Frontier Court, Burnsville, MN 55337  
(952) 895-4508

### City Use Only:

Date: \_\_\_\_\_  
Fee: \$45.00 \_\_\_\_\_  
License No. \_\_\_\_\_  
Approved by: \_\_\_\_\_

## Business Information

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Owner's Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Minnesota Tax Identification Number of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Company Vehicles: \_\_\_\_\_

Person to be Contacted in Emergency: \_\_\_\_\_ Phone No. \_\_\_\_\_

## Vehicles Used for Tree Work

Make	Model	Year	License Number

## Insurance Information

Insurance Company Name: \_\_\_\_\_ Policy No. \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_

*\* Copy of Certificate of Liability and Workers Compensation Insurance **MUST** be attached.*

*NOTE - You must provide notice of any change to your Liability or Workers Compensation insurance*

## Chemical Substance Information

Will you be using chemical substances in any activity related to treatment or disease control?

Yes  No  Pesticide License Number: \_\_\_\_\_

*\* If **YES**, Minnesota Department of Agriculture Commercial Pesticide Applicator's certification copy must be attached.*

The City recommends **all** trees being chemically treated be treated by trunk injection.  
All boulevard trees being chemically treated **must** be treated only by trunk injection.

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## ISA Certified Arborist

One of your staff members must be an International Society of Arboriculture Certified Arborist (ISA Certified Arborist) to be licensed beginning January 1st of application year. You will also will need to include a copy of your Certificate.

Name \_\_\_\_\_

Certification No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

The City will indicate this information on the Licensed Tree Contractors list to residents.

## Notice and Signature

This registration is not transferable, and is issued subject to all applicable City Codes, rules, regulations, and provisions of law enacted by Municipal, State, or Federal authority, and may be revoked upon violation of any of the above stipulations.

I certify that the information provided on this form is accurate and complete.

Applicant Signature: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Date: \_\_\_\_\_

**ANNUAL FEE: \$45.00**

**All Licenses Expire December 31st**

Questions? Burnsville Forestry Department  
(952) 895-4508  
[dave.grommesch@burnsvillemn.gov](mailto:dave.grommesch@burnsvillemn.gov)

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The City of Burnsville distributes general City information and notices electronically through an electronic notification system. As an applicant for a new business license or for a renewal of an existing business license, you can sign up to receive notices through the City's electronic notification system on the City's website [www.burnsvillemn.gov](http://www.burnsvillemn.gov) (search 'subscriptions'). This would include getting notifications of any proposed ordinances at least ten days before the city council conducts a final vote on the proposed ordinance. (M.S. 415.19)



**SAMPLE OF REQUIRED LIABILITY INSURANCE**

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

<b>PRODUCER</b> Insurance Company Name Address	<b>CONTACT NAME:</b> PHONE (A/C No, Ext): <span style="float: right;"><b>FAX (A/C, No):</b></span> <b>E-MAIL ADDRESS:</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; text-align: center; border: none;">NAIC #</td> </tr> </table> <b>INSURER A :</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER(S) AFFORDING COVERAGE	NAIC #		
<b>INSURED</b>  Your Company Name Address			

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																																																																														
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			<b>Comprehensive General Liability.</b> Contractor shall obtain the following minimum insurance coverage and maintain it at all times throughout the life of the Contract, with the City included as an additional name insured. The Contractor shall furnish the City a certificate of insurance satisfactory to the City evidencing the required coverage:  Bodily Injury: \$2,000,000 each occurrence \$2,000,000 aggregate products and completed operations  Property Damage: \$2,000,000 each occurrence \$2,000,000 aggregate  <u>Contractual Liability (identifying the contract):</u>  Bodily Injury: \$2,000,000 each occurrence Property Damage: \$2,000,000 each occurrence \$2,000,000 aggregate  Personal Injury, with Employment Exclusion deleted: \$2,000,000 aggregate  <u>Comprehensive Automobile Liability (owned, non-owned, hired):</u>  Bodily Injury: \$2,000,000 each occurrence \$2,000,000 each accident Property Damage: \$2,000,000 each occurrence				<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid blue;">EACH OCCURRENCE</td><td style="border: 1px solid blue;">\$</td><td style="border: 1px solid blue;">2,000,000</td></tr> <tr><td style="border: 1px solid blue;">DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="border: 1px solid blue;">\$</td><td style="border: 1px solid blue;">1,000,000</td></tr> <tr><td style="border: 1px solid blue;">MED EXP (Any one person)</td><td style="border: 1px solid blue;">\$</td><td style="border: 1px solid blue;">5,000</td></tr> <tr><td style="border: 1px solid blue;">PERSONAL &amp; ADV INJURY</td><td style="border: 1px solid blue;">\$</td><td style="border: 1px solid blue;">2,000,000</td></tr> <tr><td style="border: 1px solid blue;">GENERAL AGGREGATE</td><td style="border: 1px solid blue;">\$</td><td style="border: 1px solid blue;">2,000,000</td></tr> <tr><td style="border: 1px solid blue;">PRODUCTS - COMP/OP AGG</td><td style="border: 1px solid blue;">\$</td><td style="border: 1px solid blue;">2,000,000</td></tr> <tr><td colspan="3" style="border: none;"> </td></tr> <tr><td colspan="3" style="border: none;">COMBINED SINGLE LIMIT (Ea accident)</td><td style="border: none;">\$</td><td style="border: none;"></td></tr> <tr><td colspan="3" style="border: none;">BODILY INJURY (Per person)</td><td style="border: none;">\$</td><td style="border: none;"></td></tr> <tr><td colspan="3" style="border: none;">BODILY INJURY (Per accident)</td><td style="border: none;">\$</td><td style="border: none;"></td></tr> <tr><td colspan="3" style="border: none;">PROPERTY DAMAGE (Per accident)</td><td style="border: none;">\$</td><td style="border: none;"></td></tr> <tr><td colspan="3" style="border: none;"> </td><td style="border: none;"></td><td style="border: none;"></td></tr> <tr><td style="border: 1px solid purple;">EACH OCCURRENCE</td><td style="border: 1px solid purple;">\$</td><td style="border: 1px solid purple;">1,000,000</td></tr> <tr><td style="border: 1px solid purple;">AGGREGATE</td><td style="border: 1px solid purple;">\$</td><td style="border: 1px solid purple;">1,000,000</td></tr> <tr><td colspan="3" style="border: none;"> </td><td style="border: none;"></td><td style="border: none;"></td></tr> <tr><td colspan="3" style="border: none;">WC STATUTORY LIMITS</td><td style="border: none;">\$</td><td style="border: none;">OTHER</td></tr> <tr><td colspan="3" style="border: none;">E.L. EACH ACCIDENT</td><td style="border: none;">\$</td><td style="border: none;"></td></tr> <tr><td colspan="3" style="border: none;">E.L. DISEASE - EA EMPLOYEE</td><td style="border: none;">\$</td><td style="border: none;"></td></tr> <tr><td colspan="3" style="border: none;">E.L. DISEASE - POLICY LIMIT</td><td style="border: none;">\$</td><td style="border: none;"></td></tr> </table>	EACH OCCURRENCE	\$	2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	MED EXP (Any one person)	\$	5,000	PERSONAL & ADV INJURY	\$	2,000,000	GENERAL AGGREGATE	\$	2,000,000	PRODUCTS - COMP/OP AGG	\$	2,000,000				COMBINED SINGLE LIMIT (Ea accident)			\$		BODILY INJURY (Per person)			\$		BODILY INJURY (Per accident)			\$		PROPERTY DAMAGE (Per accident)			\$							EACH OCCURRENCE	\$	1,000,000	AGGREGATE	\$	1,000,000						WC STATUTORY LIMITS			\$	OTHER	E.L. EACH ACCIDENT			\$		E.L. DISEASE - EA EMPLOYEE			\$		E.L. DISEASE - POLICY LIMIT			\$	
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	<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																																																																																				

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

SAMPLE

**Either A. or B. will meet liability requirement**

A. Combo of \$2,000,000 for each occurrence and \$2,000,000 for aggregate in the policy's General Liability section

**OR**

B. Total sum of \$2,000,000 in the policy's Umbrella/Excess Liability section

**CERTIFICATE HOLDER** **CANCELLATION**

CERTIFICATE HOLDER	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> AUTHORIZED REPRESENTATIVE
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