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PO Box 211 Hellertown Pennsylvania 18055 | Phone 484.224.1871 | [betterscapeslv.com](http://betterscapeslv.com)

Dear Valued Customer,

Attached you will find the application for submitting a permit for the City of Bethlehem. All of our information, for your convenience, is filled out and we also have our insurance certificate and PA License attached.

The instructions for submitting are on page 3 at the top. If you do decide to use BetterScapes Tree Service we will credit you the application fee of \$25.00 on the work being completed.

Thank you so much for thinking of us and feel free to call us with any questions.

Patrick Mullins

A handwritten signature in black ink, appearing to read "Patrick", with a long horizontal line extending to the right.

**BetterScapes Tree Service**

Owner

PO Box 211

Hellertown, Pennsylvania 18055

Phone: 484.224.1871

[www.betterscapeslv.com](http://www.betterscapeslv.com)



# CITY OF BETHLEHEM

[www.bethlehem-pa.gov](http://www.bethlehem-pa.gov)

## DEPARTMENT OF PUBLIC WORKS

Phone: 610-865-7065

FAX: 610-997-7950

10 E Church St,  
Bethlehem, PA  
18018

### Bureau of Urban Forestry STREET TREE PERMIT APPLICATION

Please print and complete form legibly.

PERMIT FEE: \$25.00

**Applicant (check one):** Property Owner  Tree Contractor  **DATE:** \_\_\_\_\_  
The applicant hereby agrees to observe all applicable City specifications, standards, rules, regulations, and ordinances under which the permit is issued.

|                       |                              |   |       |       |  |
|-----------------------|------------------------------|---|-------|-------|--|
| <b>PROPERTY OWNER</b> | Property Owner Name          | PHONE #   |       |       |  |
|                       | Complete Address             |   |       |       |  |
|                       | Property Contact Information | Contact name and address if different from property owner above (such as property manager, association head, renter, etc.) If same as property owner above, write 'same'. |       |       |  |
|                       | Phone #                      |   | Fax # | Email |  |

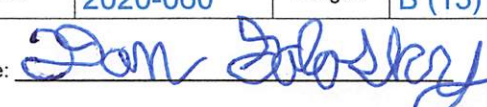
|   |       |  |
|---|-------|--|
| <b>Permit Address &amp; Zip Code</b><br>(location of tree work/project) | _____ | Did property owner receive a violation notice?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|   | _____ |  |

**This section must be completed**

|                         |   |  |
|-------------------------|---|--|
| <b>WORK INFORMATION</b> | <b>Reasons for work</b><br><b>PRUNING:</b><br>Crown cleaning<br>Crown elevation<br>Crown restoration<br>Crown reduction<br>Young tree structural<br>Defective part<br>Clear infrastructure<br><b>REMOVAL:</b><br>Dead<br>Declining<br>Diseased<br>Damaged<br>Infrastructure conflict<br><b>OTHER:</b><br>Explain<br><b>PA One Call</b><br>1-800-242-1776<br># _____ | <b>CHECK PERMIT TYPE:</b> (If 2 or more boxes are checked, permit will be issued as Tree-Multi)<br><input type="checkbox"/> <b>REMOVE TREE:</b> # of trees (includes stump grinding): _____ Species: _____<br><i>(Note: All removals require replacement within 6 months of the issue date on the removal permit. An additional planting permit is not required if the tree is replaced within the specified time period)</i><br><input type="checkbox"/> <b>PRUNE:</b> # of trees: _____ Species: _____<br><input type="checkbox"/> <b>PLANT:</b> # of trees: _____ Species: _____<br><i>(Unrelated to a removal-refers to new trees planted)</i><br><input type="checkbox"/> <b>UTILITY PRUNING:</b> Circuit or Job Number: _____<br><input type="checkbox"/> <b>ROOT PRUNE</b> # of trees: _____ Species: _____<br><input type="checkbox"/> <b>PESTICIDE/FERTILIZER APPLICATION:</b> # of trees: _____ Species: _____<br><input type="checkbox"/> <b>GRIND EXISTING STUMP:</b> # of stumps: _____ (Applies to stumps only, such as those left from illegal removals, storm damage, emergencies) |
|                         |   | <b>Reason For Work:</b> _____<br><b>*****IF REQUESTING REMOVAL OF A TREE BECAUSE OF SIDEWALK DAMAGE OR HEAVING, YOU MUST INCLUDE AN ENGINEERING EXCAVATION NUMBER ON THIS PERMIT*****</b><br><b>Engineering Excavation permit #</b> _____  |

|  |  |  |   |  |
|--|--|--|---|--|
| <b>WORK INFORMATION</b>  | <b>Required Sketch</b><br>Draw a detailed sketch of proposed work. Identify all trees, streets, and buildings associated with the property. Include North arrow.   | <b>TAG PROPOSED REMOVALS WITH WHITE MARKING TAPE</b><br>Use dotted lines as property lines, not curblines.   |   |  |
|  | <table border="1"> <tr> <td> <b>Legend:</b><br/> <input type="radio"/> Existing tree to remain<br/> <input checked="" type="radio"/> Existing tree to be removed<br/> <input type="radio"/> Tree to be planted<br/> <input type="checkbox"/> Existing tree to be pruned         </td> <td> <b>EXAMPLE:</b> →<br/> <b>Plant trees:</b><br/>           5' from underground utilities<br/>           10' from driveways, alleys, utility poles, fire hydrants<br/>           10' from miscellaneous directional, traffic, and street signs<br/>           25' from intersections<br/>           25' from the front of a stop sign         </td> <td> </td> </tr> </table> | <b>Legend:</b><br><input type="radio"/> Existing tree to remain<br><input checked="" type="radio"/> Existing tree to be removed<br><input type="radio"/> Tree to be planted<br><input type="checkbox"/> Existing tree to be pruned | <b>EXAMPLE:</b> →<br><b>Plant trees:</b><br>5' from underground utilities<br>10' from driveways, alleys, utility poles, fire hydrants<br>10' from miscellaneous directional, traffic, and street signs<br>25' from intersections<br>25' from the front of a stop sign |  |
| <b>Legend:</b><br><input type="radio"/> Existing tree to remain<br><input checked="" type="radio"/> Existing tree to be removed<br><input type="radio"/> Tree to be planted<br><input type="checkbox"/> Existing tree to be pruned | <b>EXAMPLE:</b> →<br><b>Plant trees:</b><br>5' from underground utilities<br>10' from driveways, alleys, utility poles, fire hydrants<br>10' from miscellaneous directional, traffic, and street signs<br>25' from intersections<br>25' from the front of a stop sign  |  |   |  |

|                |                                  |  |  |      |
|----------------|----------------------------------|--|--|------|
| <b>TRAFFIC</b> | Road closure required?           | <input type="checkbox"/> YES (signature required) <input type="checkbox"/> NO<br>If yes, please list streets/locations to be closed: _____<br><small>(if yes, contact Public Works Traffic Bureau at 610-997-7960)</small>         |  |      |
|                | NO PARKING signs required?       | <input type="checkbox"/> YES (signature required) <input type="checkbox"/> NO<br>If yes, please list streets/locations for NO PARKING signs: _____<br><small>(if yes, contact Public Works Traffic Bureau at 610-997-7960)</small> |  |      |
|                | Traffic Superintendent Signature |  |  | Date |

|                 |  |                             |       |  |          |                            |        |
|-----------------|--|-----------------------------|-------|--|----------|----------------------------|--------|
| <b>ARBORIST</b> | Company Name                                   | BetterScapes Tree Service   |       | License #  | 2020-060 | Badge #                    | B (13) |
|                 | Licensed Arborist or Authorized Representative | Name: <u>Donald Solosky</u> |       | Signature:  |          |                            |        |
|                 | Phone #  | 484.224.1871                | Fax # |  | Email    | service@betterscapeslv.com |        |

|                              |                           |  |         |  |  |  |  |
|------------------------------|---------------------------|--|---------|--|--|--|--|
| <b>INSURANCE INFORMATION</b> | Name of Insurance Carrier | NIP Insurance                                  |         | <input checked="" type="checkbox"/> Check if this information is on file |  |  |  |
|                              | Agent/Broker              | KMRD Insurance                                 | Phone # | 484-971-4520   |  |  |  |
|                              | Address                   | 296 W. Ridge Pike Suite 204 Limerick, Pa 19468 |         |  |  |  |  |

**NOTICE TO APPLICANTS**

All requests are subject to approval by the City of Bethlehem. By signing this application, the PROPERTY OWNER AND CONTRACTOR agree to the rules and regulations as set forth in Article 910 of the City's Codified Ordinances. **PROPERTY OWNER acknowledges the requirement to plant replacement tree(s) within six months of the issue date on the permit.** Replacement trees not planted within 6 months of the issue date on the removal permit or replacements that do not meet City standards may be replaced by the City. An administration fee of \$300.00 plus all other costs associated with the replacement shall be the responsibility of the owner of record. Whoever violates any provision of City Ordinances, shall, upon conviction thereof, be subject to all associated fines, costs, fees, and penalties. In the case of a permittee's violation of any provisions of these ordinances, the individual designated upon the permit as the owner of the property shall be considered the violator.

I hereby certify that all information on this form is correct and accurate. I acknowledge I have read and understand the General Rules pertaining to the Street Tree Permit Application. Any error, misstatement or misrepresentation with or without intention can result in revocation of this permit. I agree to indemnify and hold harmless the City of Bethlehem, its employees, agents, officials, representatives, attorneys and assigns from any and all liability, both negligent and non-negligent arising directly or indirectly out of any activities that occur in connection with this event, or out of the acts, errors, or omissions of the undersigned.

|                       |                   |             |  |
|-----------------------|-------------------|-------------|--|
| <b>PROPERTY OWNER</b> | Print Name: _____ |             |  |
|                       | Signature: _____  | Date: _____ |  |

**FOR USE BY CITY OF BETHLEHEM ONLY - PERMIT INSPECTION REPORT**

|   |  |   |   |                        |
|---|--|---|---|------------------------|
| Date received:  | Permit Inspection date:  | Permit approved: <input type="checkbox"/> | Permit denied: <input type="checkbox"/> | Date: _____            |
| Replace: N/A    Group 1    Group 2    Group 3    NR (not required)    # _____         | Replacement:   |   |   |                        |
| Instructions/Comments   | Results:   |   |   |                        |
| Related Case Number: TR # _____   |  |   |   |                        |
| City Forester : _____   | Date: _____  | C+ Permit Number:                         |   |                        |
| Issued by: _____  | Date: _____  | Date Applicant Notified:                  | phone _____ mail _____                  | Fax _____ e-mail _____ |
| Permit Expiration: <input type="checkbox"/> 60 days <input type="checkbox"/> 6 months | <input type="checkbox"/> Emergency/hazard: _____ <input type="checkbox"/> Parkway width: _____<br><input type="checkbox"/> Overhead utilities: _____ <input type="checkbox"/> Underground utilities: _____ |   |   |                        |
| 5/30/2018   |  |   |   |                        |

## **KEEP THESE INSTRUCTIONS FOR YOUR REFERENCE** **STREET TREE PERMIT APPLICATION**

To apply for the required permit, fill out the application completely and legibly. Submit the **signed** application to: Bureau of Urban Forestry, City of Bethlehem, 10 E. Church Street, Bethlehem, PA 18018. The application shall be accompanied by a non-refundable application fee in the amount of \$25.00. **Incomplete, illegible, or unsigned applications will not be processed.** Please allow a minimum of 10 working days for inspection. Public Works will notify you as to the issuance or denial of the requested permit. Both the property owner and contractor must obtain a copy of the permit before work commences. Tree permits expire 60 days from the issue date. Except for the planting of replacement trees, all tree work, including grinding the stump, removing the chips, and filling the hole with topsoil, must be completed within 60 days or a new permit will be required.

Either the legal title property owner or the contractor who is under contract with the legal title property owner may apply for a tree permit to perform work on trees growing on public property. Public property trees may be found growing not only in parks and around public buildings, but trees growing along City streets within the right of way are also considered public property trees. Land between private property lines set aside for use by the general public for pedestrian and vehicular use is considered a right of way. A typical city right of way includes the sidewalk, the parkway or tree lawn (the planting area between the curb and sidewalk), the curb, and the roadway. Sometimes a right of way may be missing one of these features and it's difficult to tell if the tree is on private or public property. If you're not sure whether the tree in question is within the right of way, contact the Bureau of Engineering at 610-865-7063 for assistance.

**POST A COPY OF THE TREE PERMIT NEAR THE FRONT ENTRANCE SO THAT IT IS VISIBLE FROM THE PUBLIC RIGHT OF WAY (USE PROPERTY OWNER COPY)**

**CALL THE BUREAU OF URBAN FORESTRY WITHIN 10 DAYS OF COMPLETION OF THE WORK DESCRIBED IN THE PERMIT SO THAT AN INSPECTION MAY BE SCHEDULED. IF REPLACEMENT TREES ARE REQUIRED, CALL AFTER THE REPLACEMENT HAS BEEN PLANTED. LEAVE NURSERY TAGS ON NEWLY PLANTED TREES UNTIL INSPECTION IS COMPLETED.**

**The following are some of the reasons for a failed final inspection:**

- Stump and exposed roots not sufficiently ground down
- Wood chips left in the right of way
- Tree planted too close to existing infrastructure
- Planting area or tree well size does not conform to permit specifications
- Incorrect species planted-permit will specify species selected by the City forester
- Root flare not visible at base of tree-tree planted too deep
- Tree does not meet replacement size caliper standards
- Tree has damage
- Poor form-tree has no established central leader, co-dominant leaders, branches are too low, poor crown to stem ratio
- Tree not planted according to City standards-incorrectly staked, wrappings not removed, plastic or wire used instead of arbor tie

All tree work must be done in accordance with the current Arboricultural Specifications and Standards of Practice for the City of Bethlehem and comply with Article 910 of the City's Codified Ordinances. Permit applications and a list of tree contractors licensed to work on public property trees are available on the 4<sup>th</sup> floor at City Hall, 10 E. Church St., Bethlehem, PA or on the City website at [http://www.bethlehem-pa.gov/public\\_works/forestry.html](http://www.bethlehem-pa.gov/public_works/forestry.html)

A permit is required for any of the following activities:

- A. **Planting trees.** A permit is required to plant trees on public property. A City-licensed contractor is *not* required for tree planting. Refer to the Street Tree Selection and Planting brochure for tree planting guidelines and the City standard planting detail. **Trees SHALL be 2-2½ inches in caliper measured at 6 inches above the root flare.** Trees shall have a single, straight trunk with the first permanent branch at a minimum of six feet (6') above the root flare. We strongly recommend you buy from a quality nursery and seek professional assistance when planting trees. Optimum planting times are: Spring- March 1 to May 31; Fall- October 1 to December 31. **PLEASE PLAN ACCORDINGLY**

**Recommended planting distances:**

- 5' from water, gas, sewer lines
- 10' from driveways
- 25' from intersections
- 10' from alleys, utility poles, and fire hydrants
- 25' from the front of a stop sign
- 10' from miscellaneous directional, traffic, street signs

- B. **Pruning trees.** A permit is required to perform pruning and other work on trees or shrubs growing on public property. In addition, a City-licensed tree contractor is required to perform such work on trees growing on public property. All pruning must be performed to the City's Arboricultural Specifications and Standards of Practice. It is strongly recommended that pruning of street trees be performed by an arborist certified with the International Society of Arboriculture.

- C. **Removing trees and/or grinding stumps.** A permit is required to remove trees and/or stumps from public property. In addition, a City-licensed tree contractor is required to remove trees and/or stumps from public property. **Check the requirement for a replacement tree:**
- When a replacement tree is to be planted in the same location as the removal, stumps and exposed roots must be ground down to a sufficient depth to allow for the new root ball (usually 18" to 24"). The grindings must be removed from the right of way and the hole must be filled with sufficient acceptable topsoil.
  - When no replacement tree is required or when the replacement tree is to be planted some distance from the removal, the stump and exposed roots from the removal must be ground down a minimum of (4") inches below the ground surface, the wood chips removed, and the hole filled with acceptable topsoil sufficient to level to the surrounding grade (allow for settling). Seeding with a good quality perennial grass seed is required if replacement trees are not being planted in the same place as the removal.
- D. **Replacement trees.** All removals SHALL be replaced as directed by the Director of Public Works within 6 months of the issue date on the approved permit. See A above for planting requirements. **Failure to provide proper replacement trees within the 6 month time period shall be considered a violation of Article 910 of the City's Codified Ordinances.**

**ATTENTION: REPLACEMENT TREES NOT PLANTED WITHIN 6 MONTHS OF THE ISSUE DATE ON THE REMOVAL PERMIT OR REPLACEMENTS THAT DO NOT MEET CITY STANDARDS MAY BE REPLACED BY THE CITY. AN ADMINISTRATION FEE OF \$300.00 PLUS ALL OTHER COSTS ASSOCIATED WITH THE REPLACEMENT SHALL BE THE RESPONSIBILITY OF THE OWNER OF RECORD.**

- E. **Pesticide or fertilizer application.** A permit is required to apply pesticide or fertilizer on a tree growing on public property. In addition, a City-licensed tree contractor is required to apply pesticide or fertilizer on a tree growing on public property. Pesticide application shall only be performed by those holding a Pennsylvania Pesticide Applicator's License.
- F. **Trees, Tree Roots, and Sidewalk Replacement.** Applications requesting tree removal associated with sidewalk work require an excavation permit number from the Bureau of Engineering and a PA One Call number. The sidewalk must be removed and the roots exposed (using hand tools or an air spade) in such a manner as to not cause damage or destroy any tree in any public area. Tree removal will only be considered if no other acceptable alternative is available.

#### **Right of Way Regulations**

- 1) The applicant must provide proper insurance and show that the City has been named as an additional insured. If the applicant's insurance shall be cancelled at any time during the life of the permit, the permit shall also be revoked.
- 2) The permit is to be granted only to those persons who have legal title to the land directly abutting the area of the street, sidewalk, lane, alley, pavement, footway, or right-of-way where work is to be performed.
- 3) It shall be the applicant's responsibility to always maintain the permit use area of public right-of-way in an orderly manner. The applicant must agree to be responsible for and repair any damage including sidewalks caused by the applicant and/or other person performing work as part of this permit.
- 4) No heavy and/or concentrated loads shall be placed on the sidewalk or any other public right-of-way that will cause any damage.
- 5) The issuance of a permit by the Department of Public Works to occupy a location in the public right-of-way shall not in itself supersede other applicable City Ordinances, such as those of Zoning, Health, Fire, noise, disorderly conduct, and nuisances.
- 6) The issuance of a permit shall in no way allow the holder to move, remove, attach to, alter, etc. any sidewalks, light standards, bollards or any other public street fixtures.
- 7) It is the applicant's responsibility to request any necessary NO PARKING signs at the location requested on the permit. All such permits shall be approved by the Traffic Bureau/Police Department prior to the issuance of the permit and all Traffic Control shall comply with PennDOT publication 213.

Make a request to the City of Bethlehem Police Department for NO PARKING signs where 1-3 signs are needed. Provide at least 48 hours' notice. **610-865-7179**

Make a request to the City of Bethlehem Public Works Traffic Bureau for NO PARKING signs where more than three (3) signs are required. Provide at least 48 hours' notice. **610-997-7960**

- 8) Failure to abide by any of the above rules shall be cause to revoke the permit without refund of the fee and may be subject to penalties as prescribed in Section 910 of the Codified Ordinances.

5/30/2018



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/6/2020

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 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><br>KMRD Partners, Inc-Limerick<br>296 W. Ridge Pike<br>Limerick PA 19468 | <b>CONTACT NAME:</b> Jeremy Hahn          |                                    |
|  | <b>PHONE (A/C, No, Ext):</b> 484-971-4520 | <b>FAX (A/C, No):</b> 267-482-8431 |
| <b>E-MAIL ADDRESS:</b> Jhahn@kmrdpartners.com  |   |                                    |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |   | <b>NAIC #</b>                      |
| <b>INSURER A:</b> Greenwich Insurance Company  |   | 22322                              |
| <b>INSURER B:</b> ICW Group  |   |                                    |
| <b>INSURER C:</b>  |   |                                    |
| <b>INSURER D:</b>  |   |                                    |
| <b>INSURER E:</b>  |   |                                    |
| <b>INSURER F:</b>  |   |                                    |

**COVERAGES** **CERTIFICATE NUMBER:** 1499709645 **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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         | Y        | NPC-1000954-01 | 7/11/2020               | 7/11/2021               | 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"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                                  | Y         |          | NBA-1000953-01 | 7/11/2020               | 7/11/2021               | 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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |           |          | NEC-8005741-01 | 7/11/2020               | 7/11/2021               | EACH OCCURRENCE                           | \$ 1,000,000 |
|          |  |           |          |                |                         |                         | AGGREGATE                                 | \$ 1,000,000 |
|          |  |           |          |                |                         |                         |   | \$           |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | Y        | WFL 5043995 01 | 10/15/2019              | 10/15/2020              | PER STATUTE                               |              |
|          |  | N/A       |          |                |                         |                         | 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)

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>Evidence of Coverage | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | <b>AUTHORIZED REPRESENTATIVE</b><br><br><i>Kevin M. McHugh</i>  |

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# Commonwealth of Pennsylvania

## Office of Attorney General

THIS IS TO CERTIFY THAT

BETTERSCAPES, LLC  
PO BOX 211  
HELLERTOWN PA 18055

HAS REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR

7/17/2022  
VALID UNTIL

PA141500  
REGISTRATION NUMBER

SIGNATURE OF REGISTRATION CERTIFICATE HOLDER

JOSH SHAPIRO, PENNSYLVANIA ATTORNEY GENERAL