



**COUNTY OF EL DORADO  
DEPARTMENT OF TRANSPORTATION**



**APPLICATION FOR SPECIAL EVENT**

**THIS APPLICATION MUST BE SUBMITTED AT LEAST 90 DAYS PRIOR TO THE SPECIAL EVENT**

APPLICATION RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE OF EVENT: Jeepers Jamboree Outdoor Expo

TYPE OF EVENT: Outdoor Expo

SPONSORING ORGANIZATION: Jeepers Jamboree & Jeep Jamboree, Inc.

ESTIMATED NUMBER OF PARTICIPANTS: 1500

DATE OF EVENT: July 22, 2015, Wednesday

START TIME: 3am COMPLETION TIME: 8:00pm

ROAD(S) TO BE TRAVELED OR OCCUPIED: Main Street - Georgetown  
Wentworth Springs

CONTACT PERSON: Lacey Stiles or Bob Sweeney DATE: 2/1/15

PHONE: 530-333-4771 FAX: 530-333-0245

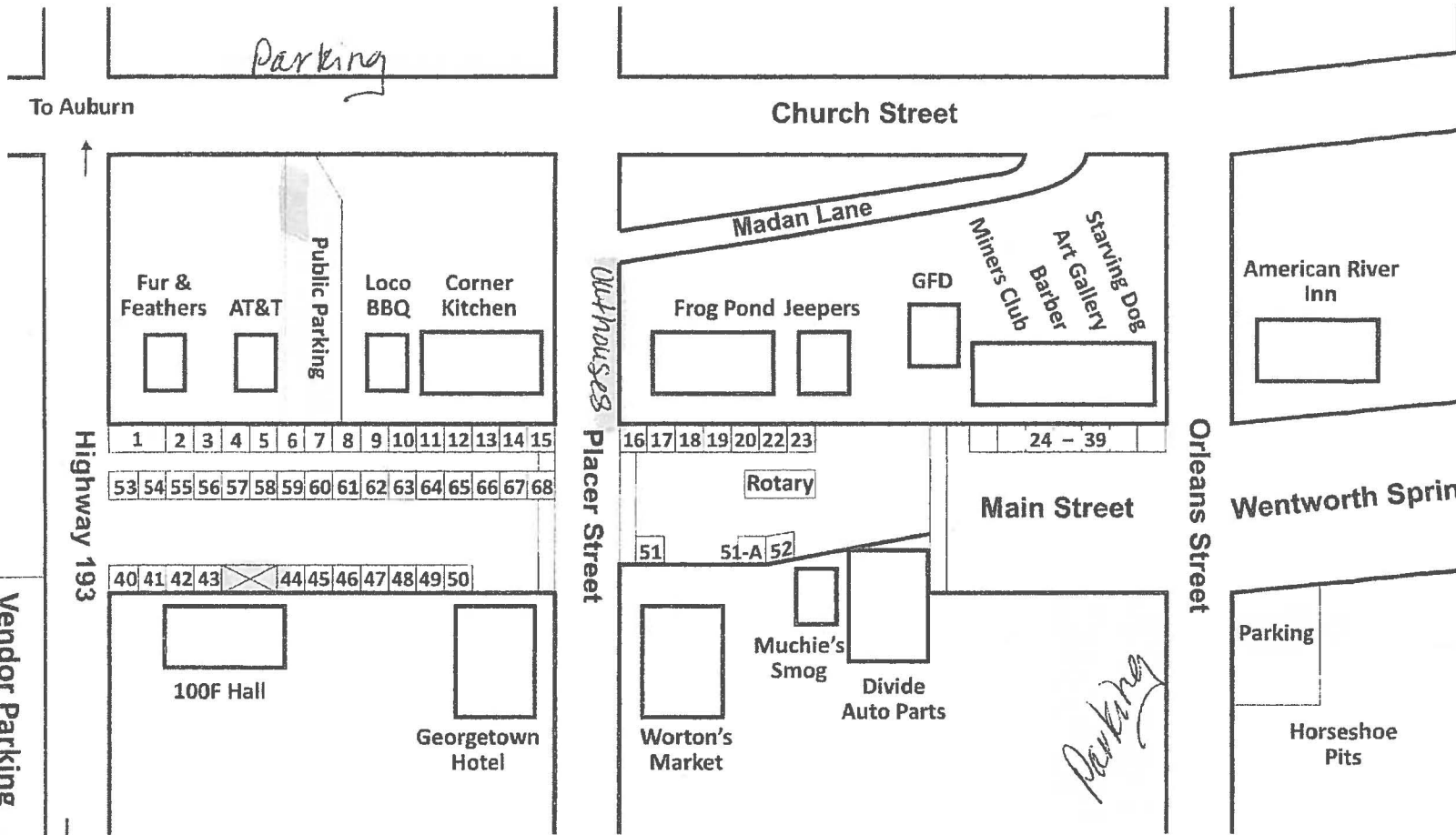
ADDRESS: PO Box 900 Georgetown, CA 95024

EMAIL: mail@jeepersjamboree.com

To the fullest extent allowed by law the Organizer shall defend, indemnify, and hold the County harmless against and from any and all claims, suits, losses, damages, and liability for damages of every name, kind and description, including attorney's fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, County employees, and the public, or damage to property, or in anyway arise out of or are connected with the work by the Organizer, his agents or employees including contractor's services, operation or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the Organizer, contractor, subcontractor(s) and employee(s) or any of these, except for part of the sole, or active negligence of the County, its officers and employees, or as expressly prescribed by statute. This duty of the Organizer to indemnify and save the County harmless includes the duties to defined set forth in California Civil Code Section 2778.

**I HAVE READ, ACKNOWLEDGE AND AGREE TO THE ABOVE CONDITION WITH REGARD TO THIS SPECIAL EVENT.**

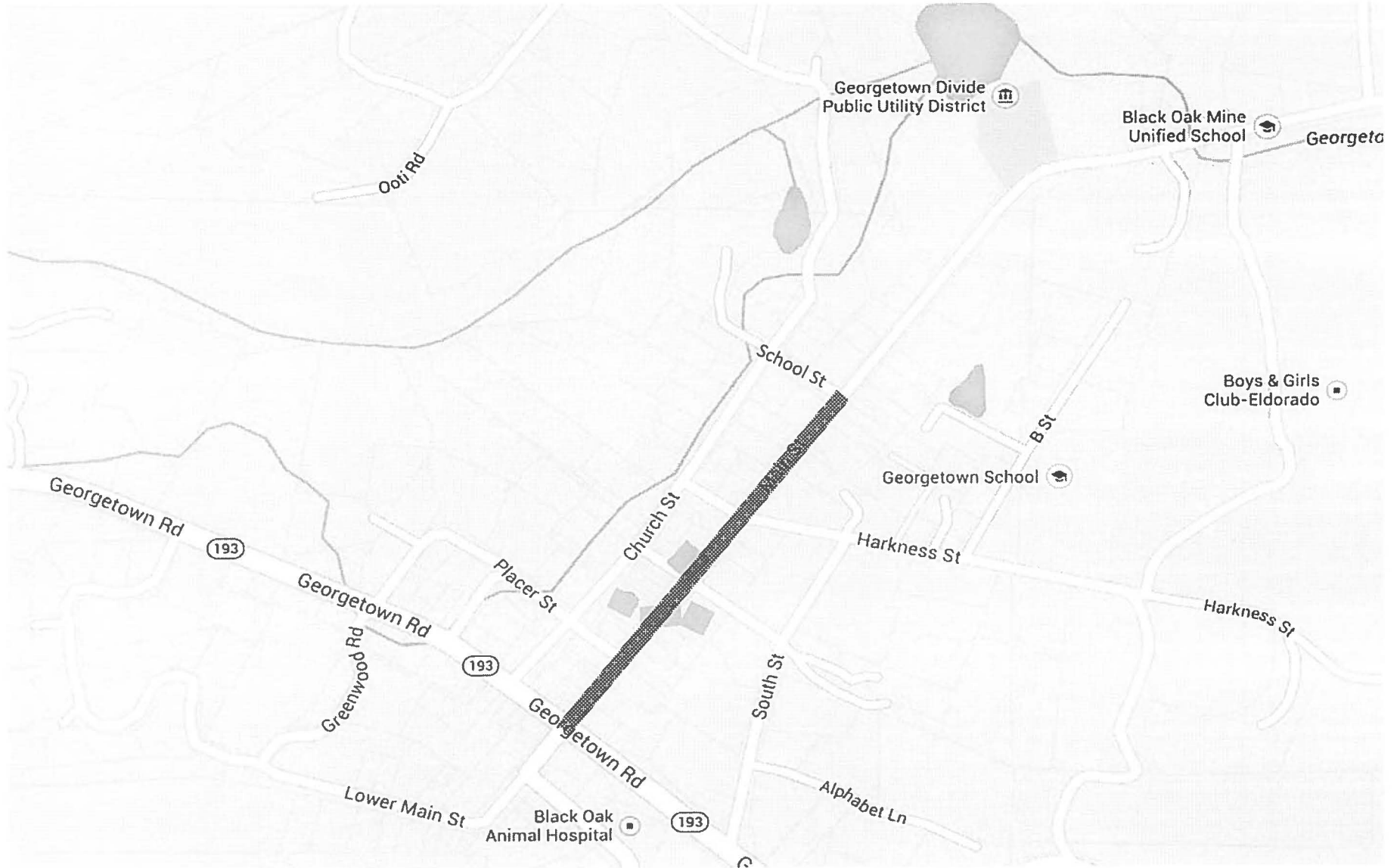
SIGNATURE/TITLE: [Signature] Director DATE: 2/1/15  
MUST BE ON BOARD OF DIRECTORS TO SIGN



# JEEPERS EXPO VENDORS' MAP

*Parking*  
*Sanitation*

# Vicinity Map Georgetown





# CERTIFICATE OF LIABILITY INSURANCE

OP ID: 03

DATE (MM/DD/YYYY)

03/03/2015

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).

PRODUCER <b>Seabury, Copland &amp; Anderson</b> P.O. Box 1169 Madera, CA 93639 Steve Copland	CONTACT NAME: <b>Steve Copland</b>	FAX (A/C, No): <b>559-673-9210</b>	
	PHONE (A/C, No, Ext): <b>559-673-7027</b>	E-MAIL ADDRESS: <b>steve@seaburycopland.com</b>	
	PRODUCER CUSTOMER ID #: <b>JEEPE-1</b>		
INSURED <b>Jeepers Jamboree and Jeep Jamboree Inc.</b> P. O. Box 900 Georgetown, CA 95634	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>Scottsdale Insurance Co.</b>		<b>15580</b>
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

**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	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X	CPS2098260	12/01/2014	12/01/2015	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (PER ACCIDENT)	\$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

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

Certificate holder is named as Additional Insured pertaining to

form CG 20 11 04 13

Events: Vendor Show on July 22, 2015

Parade Permit on July 22-26, 2015 &amp;

Parade Permit on July 31 - August 2, 2015

**CERTIFICATE HOLDER**

County of El Dorado  
2850 Fairlane Court  
Placerville, CA 95667

**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

*Steve Copland*

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Endorsement #3  
(amended form)

POLICY NUMBER: CPS2098260

COMMERCIAL GENERAL LIABILITY  
CG 20 11 04 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - MANAGERS OR  
LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Designation Of Premises (Part Leased To You):</b> Events: Vendor show on July 22, 2015 Parade permit on July 22-28, 2015 Parade permit on July 31 - August 2, 2015
<b>Name Of Person(s) Or Organization(s) (Additional Insured):</b> The County of El Dorado, its officers, officials, employees and volunteers are included as additional insured, but only insofar as the operations under this agreement are concerned. This provision shall apply to the general liability policy. The insurance company shall give 30 days prior written notice to the authorized officer of cancellation of or any modifications to the policies. 2850 Fairlane Court, Placerville, CA 95687
<b>Additional Premium:</b> \$        50
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.