## **COUNTY OF EL DORADO**



### **DEPARTMENT OF TRANSPORTATION**

### **APPLICATION FOR ROAD CLOSURE**



THIS APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE ROAD CLOSURE DATE

| APPLICA <sup>-</sup> | TION RECEIVED BY: DATE: 5-11-10  |
|----------------------|--|
| TITLE OF             | EVENT: Walk / Run For Hunger   |
| TYPE OF              | EVENT: 5K walk - run   |
|                      | DINC ODCANIZATION:   |
|                      | ED NUMBER OF PARTICIPANTS: 1500  |
| DATE OF              | ROAD CLOSURE: 10-23-10 Saturday  |
| START TI             | IME: 5am COMPLETION TIME: 10am   |
|                      | TO BE CLOSED: 3ee attached   |
|                      |  |
| NOTE: T              | HE ATTACHED SUPPLEMENTAL SHEET AND SKETCH SHALL BE COMPLETED IF MORE THAN  |
| ONE COO              | JNTY ROAD IS TO BE CLOSED  |
| SUBMITT              | ED BY: Susan Johnson DATE: 4-19-10   |
| CONTACT              | PERSON: Susan Johnson PHONE/FAX: 916-933-8811  |
| ADDRESS              | E PO Box 4255 Es Dovado Hels Ca 95762  |
|                      | Johnson. Susan a Comcastinet   |
|                      | THE FOLLOWING CONDITIONS ARE REQUIRED FOR $\vdash \forall b \lor b$  |
|                      | ALL ROAD CLOSURES:   |
| 1.                   | The organizers shall provide a <u>detailed signing and detour plan</u> for any proposed closure of a   |
|                      | major county road. This signing/detour plan should identify the type and location of all signs,  |
|                      | barricades, cones, and flaggers. The plan must be attached to this application when it is  |
|                      | submitted for review.  |
| 2.                   | The organizers shall provide proof that the owners of the adjacent business along the road closure   |
|                      | are in agreement with proposed closure. These agreements must be attached to this application  |
|                      | when it is submitted for review.   |
| 3.                   | The organizers shall be responsible for providing all signs, barricades, cones, flaggers, and traffic  |
|                      | <u>controls.</u>   |
| 4.                   | Wooden barricades shall be placed across the County road to close the road. Barricades shall also  |
|                      | be placed across all intersecting roads to deny acress to the closed road  |
| 5.                   | A <u>ROAD CLOSED</u> sign shall be placed at each barricaded intersection. Each sign shall measure   |
| _                    | at least 40 littles by 30 inches, with 8 inch black letters on a white background  |
| 6.                   | The organizers shall remove all signs, all pavement markings or other materials immediately  |
|                      | following the event. The organizers shall also remove all debris deposited by participants and   |
|                      | speciators.  |
| 7.                   | The organizers shall provide a <u>Certificate of Insurance</u> , naming El Dorado County <u>Department of Transportation</u> additionally in a conditionally in a conditionally in a conditionally in a conditionally in a conditional provider. |
|                      | Transportation additionally insured. In the amount of \$1,000,000,000 (one million dollars) as   |
| 0                    | required by the El Dorado County Risk Manager  |
| 8.                   | To the fullest extent allowed by law the Organizer shall defend, indemnify, and hold the County  |
|                      | marriness against and from any and all claims, suits, losses, damages, and liability for damages of  |
|                      | every harne, 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 are connected with  |
|                      | the work by the Organizer, his adents or employees including contractor's continue anomalism and   |
|                      | performance necessition, regardless of the existence or degree of fault or negligones on the want of   |
|                      | the county, the Organizer, confidetor, supcontractor(s) and amployoo(s) or any of those assessment   |
|                      | for part of the sole, of active negligence of the County its officers and employees and employees  |
|                      | 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.  |
| STENA                | ATURE: Seesan Mark Day on ) DATE: 11-19-11)  |
| SIGIA                | ATURE: Sesan My DATE: 4-19-10  |

I HAVE READ, ACKNOWLEDGE AND AGREE TO ALL OF THE ABOVE CONDITIONS WITH REGARD TO THIS ROAD CLOSURE.

# SUPPLEMENTAL SHEET FOR ROAD CLOSURES AND PARADES

| STARTING TIME: 5:00 a.m. COMPLETION TO COMPLETION   |
|---|
| STARTING TIME: 5:00a.m. COMPLETION TIME: 9:30 A.M. Windfield way BETWEEN white Book Rd and                            |
| side Na and   |
| STARTING TIME: 5:20 COMPLETION TIME: 9:30 A.m.  |
| Windplay Dr. BETWEEN Windfield Wy and   |
| J. WEEN Wondfield Wy and  |
| STARTING TIME: 5:00 a.m COMPLETION TIME: 9:30A.m  |
| Suncast have BETWEEN wind play Dr ana   |
| Emaplay Dr ana  |
| STARTING TIME: 5:00 a.m. COMPLETION TIME: 9:30 A.m. Golden Foothills PKWY BETWEEN Latrobe Rd (Gate 1)  Robert T Morth |
| Golden Foothills PKWY BETWEEN Latrobe Rd Comm.  |
| STARTING TIME: 5:00 a.m COMPLETION TIME: 9:30 A.M. Sundstone Dr. BETWEEN at Golden Foothall Pkwy                      |
| STARTING TIME: 5:000 m COMPLETION TIME: 9:30 000  |
| Dandstone Dr. BETWEEN at Golden Foodball Of   |
| STARTING TO FILL PRWY   |
| STARTING TIME: 5:00 a.m. COMPLETION TIME: 9:30 A.m. Howks Flight Ct. BETWEEN @ Golden Foothiel Pkwy                   |
| Franks Flight Ct. BETWEEN @ Golden Foothise Physics   |
| STADTING TIME (   |
| Sum of the State of So A.m.   |
| SUNGLOW Ct. BETWEEN @ SUNCAS + Ln   |
| STARTING TIME: 5'00' a m  |
| CYNTESS TOUR CHARLETION TIME: 9:30 A.M.   |
| STARTING TIME: 5:00 a.m. COMPLETION TIME: 9:30 A.M. Cypress Point Ct BETWEEN & Golden Foothill PKWY                   |
| STADTING TINES  |
| COMPLETION TIME:BETWEEN   |
|   |
| STARTING TIME: COMPLETION TIME.   |
| COMPLETION TIME:BETWEEN   |
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| STARTING TIME: COMPLETION TIME:   |
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| TARTING TIME: COMPLETION TIME:  |
| BETWEEN   |
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| TARTING TIME: COMPLETION TIME:  |
| BETWEEN_  |
|   |

|   | 4 <i>C</i>             | ORD, CERTIFIC   | ATE OF LIABILI   | TY INSU   | RANCE                                   |   |                                       | DATE (MM/DD/YYYY)<br>4/22/2010 |                    |
|---|------------------------|---|--|---|---|---|---------------------------------------|--------------------------------|--------------------|
|   | OUCE                   |   |  |   |   | UED AS A MATTI                          | ER OF                                 |                                |                    |
| MOTHER LODE INSURANCE SERVICES  ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEN |                        |   |  |   |   |   |                                       |                                |                    |
| Li  | cen                    | se #0C13447   |  |   |   | FFORDED BY THE                          |                                       |                                |                    |
| P.  | 0. 1                   | Box 1310  |  |   |   |   |                                       |                                |                    |
| Shingle Springs CA 95682  |                        |   |  | INSURERS AFFORDING COVERAGE   |   |   | NAIC #                                |                                |                    |
| INSURED   |                        |   |  | INSURER A: Nonprofits' Ins Alliance   |   |   |                                       |                                |                    |
| Fo  | od I                   | Bank of El Dorado Cou   | inty   | INSURER B. Nationwide Mutual  |   |   | 23787                                 |                                |                    |
| 6230 Enterprise Drive   |                        |   |  | INSURER C: SO   | INSURER C: Southern Insurance Co.       |   |                                       |                                |                    |
|   |                        |   |  | INSURER D:  |   |   |                                       |                                |                    |
| Di  | amor                   | nd Springs CA 95  | 6619   | INSURER E:  |   |   |                                       |                                |                    |
|   | ERA                    |   |  |   |   |   |                                       |                                |                    |
| RE<br>THI<br>AG   | QUIRE<br>E INS<br>GREG | EMENT, TERM OR CONDITION OF A<br>URANCE AFFORDED BY THE POL<br>FATE LIMITS SHOWN MAY HAVE BEE | OW HAVE BEEN ISSUED TO THE INSI<br>NY CONTRACT OR OTHER DOCUME<br>LICIES DESCRIBED HEREIN IS SUE<br>IN REDUCED BY PAID CLAIMS. | NT WITH RESPEC<br>SJECT TO ALL TH   | T TO WHICH THIS<br>HE TERMS, EXCLU      | CERTIFICATE MAY BE<br>JSIONS AND CONDIT | ISSUE                                 | D OR MAY PERTAIN,              |                    |
| INSR  | ADO'L<br>INSRD         | TYPE OF INSURANCE   | POLICY NUMBER  | POLICY EFFECTIVE<br>DATE (MINIDDYY)   | POLICY EXPIRATION<br>DATE (MM/DD/YY)    |   | LIMITS                                |                                |                    |
|   |                        | GENERAL LIABILITY   |  |   |   | EACH OCCURRENCE                         | s                                     | 1,000,000                      |                    |
| ĺ   |                        | X COMMERCIAL GENERAL LIABILITY  |  |   |   | DAMAGE TO RENTED PREMISES (Ea occurrent | ce) \$                                | 500,000                        |                    |
| A   |                        | CLAIMS MADE X OCCUR   | 202018543NPO   | 3/15/2010   | 3/15/2011                               | MED EXP (Any one perso                  |                                       | 20,000                         |                    |
|   |                        |   |  |   |   | PERSONAL & ADV INJU                     | RY \$                                 | 1,000,000                      |                    |
|   | ŀ                      | x LIQUOR LIABILITY  |  |   |   | GENERAL AGGREGATE                       | \$                                    | 2,000,000                      |                    |
|   |                        | GEN'L AGGREGATE LIMIT APPLIES PER   |  |   |   | PRODUCTS - COMP/OP                      | AGG \$                                | 2,000,000                      |                    |
|   |                        | X POLICY PRO-<br>JECT LOC   |  | <u> </u>  | ļ                                       |   |                                       |                                |                    |
| В   |                        | X ANY AUTO  |  |   |   | COMBINED SINGLE LIM<br>(Ea accident)    | s s                                   | 1,000,000                      |                    |
|   |                        | ALL OWNED AUTOS SCHEDULED AUTOS   | ACP7842195033  | 5/1/2010  | 5/1/2011                                | BODILY INJURY<br>(Per person)           | s                                     |                                |                    |
|   |                        | HIRED AUTOS   |  |   |   | BODILY INJURY                           |                                       |                                |                    |
|   |                        | NON-OWNED AUTOS   |  |   |   | (Per accident)                          | \$                                    |                                |                    |
|   |                        |   |  |   |   | PROPERTY DAMAGE<br>(Per accident)       | s                                     |                                |                    |
|   |                        | GARAGE LIABILITY  |  |   |   | AUTO ONLY - EA ACCID                    | ENT \$                                |                                |                    |
|   |                        | ANY AUTO  |  |   |   |   | ACC \$                                |                                |                    |
|   |                        |   |  |   |   | AUTO ONLY:                              | AGG \$                                |                                |                    |
|   |                        | EXCESS/UMBRELLA LIABILITY   |  |   |   | EACH OCCURRENCE                         | \$                                    |                                |                    |
|   |                        | OCCUR CLAIMS MADE   |  |   |   | AGGREGATE                               | \$                                    |                                |                    |
|   |                        |   |  |   |   |   | \$                                    |                                |                    |
|   |                        | DEDUCTIBLE  |  |   |   |   | \$                                    |                                |                    |
|   |                        | RETENTION \$  |  |   |   | 1,000 00-10-1                           | \$                                    |                                |                    |
| С   |                        | KERS COMPENSATION AND<br>OYERS' LIABILITY   |  |   |   | WC STATU-<br>TORY LIMITS                | OTH-<br>ER                            |                                |                    |
|   | ANY F                  | PROPRIETOR/PARTNER/EXECUTIVE  |  |   |   | E.L. EACH ACCIDENT                      | \$                                    | 1,000,000                      |                    |
|   | If yes,                | CER/MEMBER EXCLUDED?<br>describe under  | WSI0032978-01  | 11/1/2009   | 11/1/2010                               | E.L. DISEASE - EA EMPL                  |                                       | 1,000,000                      |                    |
|   |                        | IAL PROVISIONS below  |  | 2/07/225  | 2/07/0011                               | E.L. DISEASE - POUCY L                  | MIT S                                 | 1,000,000                      |                    |
| A   | UINE                   | R Directors & Officers  | 201018543DONPO   | 3/27/2010   | 3/27/2011                               | Each Occurrence Aggregate               |                                       | \$1,000,000<br>\$1,000,000     |                    |
| re:<br>Cer  | Wa.                    | lk/Run for Hunger, Octobe<br>cate Holder is Additional  | •  |   |   |   | · · · · · · · · · · · · · · · · · · · |                                |                    |
| CERTIFICATE HOLDER  EL DORADO COUNTY DEPARTMENT OF TRANSPORTA 2850 FAIRLANE COURT                     |                        |   |  | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE |   |   |                                       |                                |                    |
|   |                        |   |  |   |   |   |                                       |                                | EXPIRATION DA      |
|   |                        |   |  | 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT        |   |   |                                       |                                |                    |
|   |                        |   |  |   | P.                                      | LACERVILLE, CA 95667                    | 1                                     | FAILURE TO DO                  | SO SHALL IMPOSE NO |
|   |                        |   |  |   | INSURER, ITS AGENTS OR REPRESENTATIVES. |   |                                       |                                |                    |
|   |                        |   |  | AUTHORIZED REPRESENTATIVE   |   |   |                                       |                                |                    |
|   |                        |   |  | D Tachibana/DEBBIE Christians   |   |   |                                       |                                |                    |

ACORD 25 (2001/08)

INC025 (0100) 000

10-0524.A.3

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### **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD 25 (2001/08)

INS025 (0108).08a



April 14, 2010

Susan Johnson, Director El Dorado County Food Bank Walk/Run Chairperson

Via email

Dear Ms. Johnson,

The El Dorado Hills Business Park Owners Association Board of Directors (Board) met on April 12, 2010, at which they discussed your request for their support of a charity event scheduled for October 23, 2010. It is the Board's understanding that the attached route will be utilized and that roads will be reopened after 9:30 AM the day of the event. After discussion and review, the Board agreed to provide this letter of support for your event.

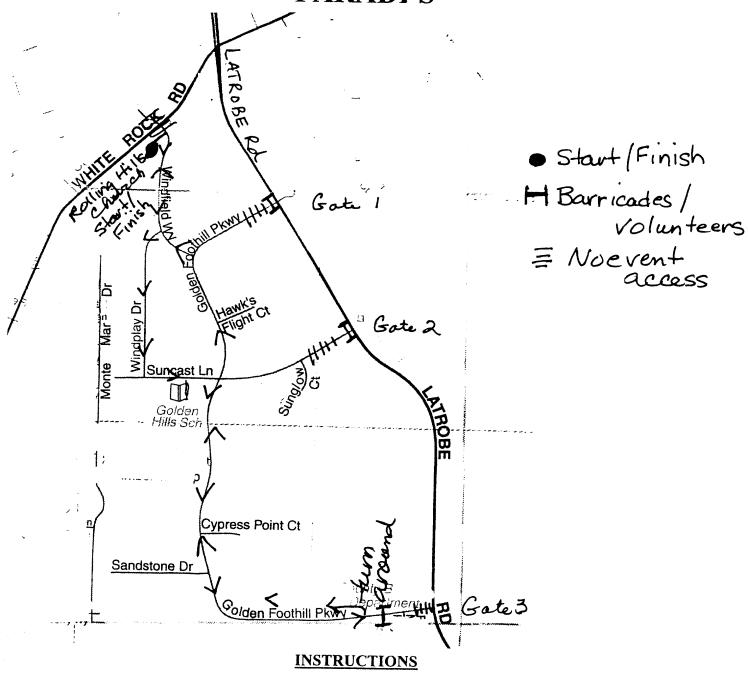
The Board wishes you the best of luck in organizing this event.

Brent Koral

**Association Manager** 

El Dorado Hills Business Park Owners Association

# SKETCH FOR ROAD CLOSURES AND PARADES



- 1. Sketch all roads to be occupied and label roads name.
- 2. Indicate all intersecting public roads along route.
- 3. Indicate "START" and "FINISH" location of event.
- 4. Indicate direction of travel for the participants.

NOTE: This sketch may serve as the "SIGNING/DETOUR PLAN" if it clearly identifies the type and location of all proposed sign, barricades, cones, and flaggers.