

# 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

APPLICATION RECEIVED BY: SW DATE: 9-15-10  
 TITLE OF EVENT: Safe Halloween  
 TYPE OF EVENT: Trick or Treat  
 SPONSORING ORGANIZATION: Georgetown Drive Recreation District  
 ESTIMATED NUMBER OF PARTICIPANTS: 800  
 DATE OF ROAD CLOSURE: October 31<sup>st</sup> 2010  
 START TIME: 5:00 pm COMPLETION TIME: 8:00 pm  
 ROAD(S) TO BE CLOSED: Church St between Hwy 193 & School St.

NOTE: THE ATTACHED SUPPLEMENTAL SHEET AND SKETCH SHALL BE COMPLETED IF MORE THAN ONE COUNTY ROAD IS TO BE CLOSED

SUBMITTED BY: Heather Scheishe DATE: 8/25/10  
 CONTACT PERSON: " " PHONE/FAX: 823-9090 F 823-9030  
 ADDRESS: 4401 Hwy 193 Greenwood CA 95625

### THE FOLLOWING CONDITIONS ARE REQUIRED FOR ALL ROAD CLOSURES:

1. The organizers shall provide a detailed signing and detour plan 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 controls.
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 access to the closed road.
5. A "ROAD CLOSED" sign shall be placed at each barricaded intersection. Each sign shall measure at least 48 inches 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 spectators.
7. The organizers shall provide a Certificate of Insurance, naming El Dorado County Department of Transportation additionally insured, in the amount of \$1,000,000.00 (one million dollars) as 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 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 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.

SIGNATURE: Heather Scheishe DATE: 8/25/10

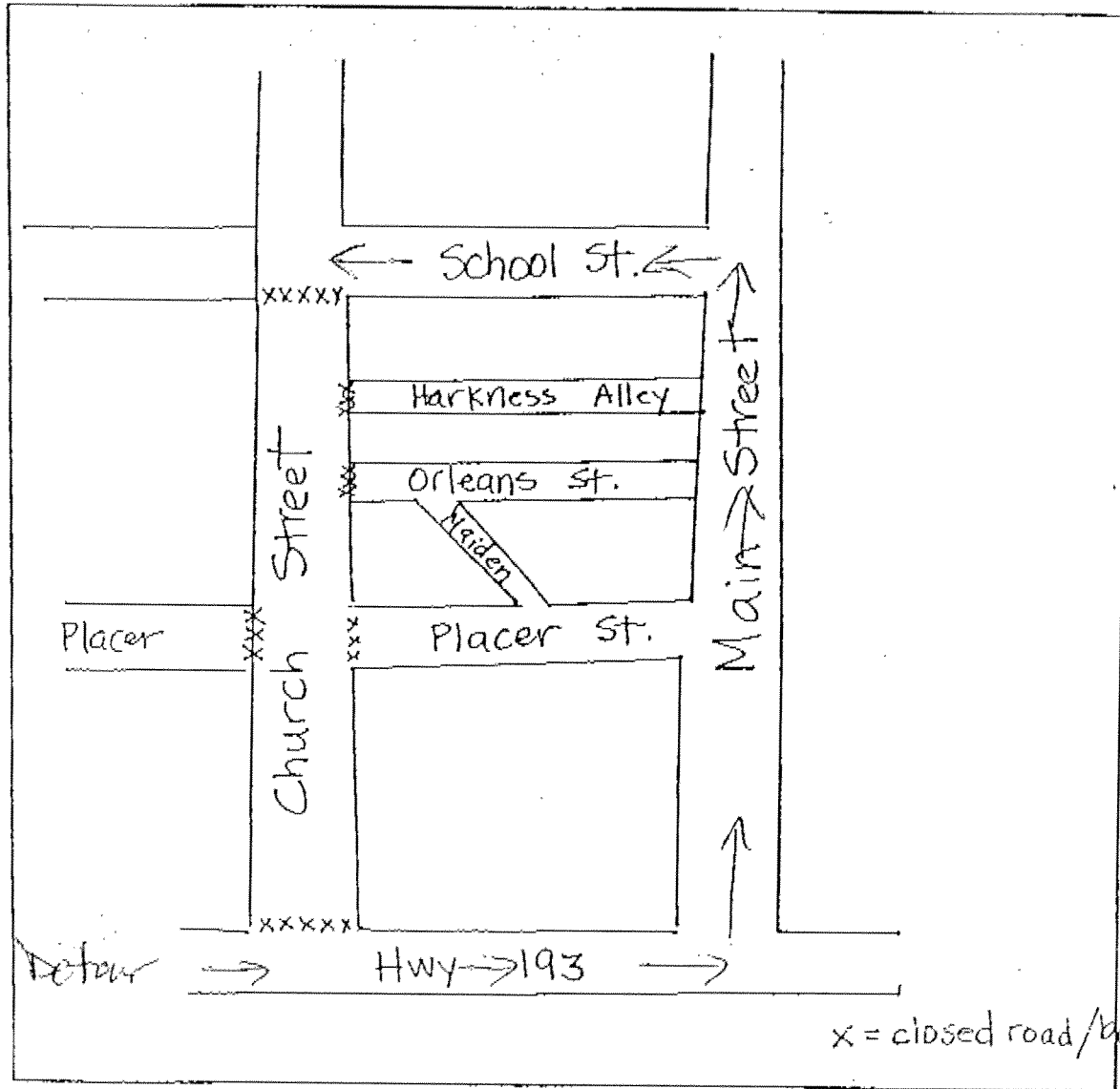
I HAVE READ, ACKNOWLEDGE AND AGREE TO ALL OF THE ABOVE CONDITIONS WITH REGARD TO THIS ROAD CLOSURE

"Late Halloween"

Oct. 31<sup>st</sup>

**SKETCH**

(To be completed if more than one County Road is to be closed)



INSTRUCTIONS:

1. Sketch all roads to be closed and label roads by name.
2. Indicate all intersecting public roads along route.
3. Indicate "START" and "FINISH" locations 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 signs, barricades, cones, and flaggers.

CERTIFICATE NO.

ISSUE DATE (MM/DD/YYYY)

GL1-5377	AI	<b>CERTIFICATE OF COVERAGE</b>	06/30/2010
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<p><b>CSAC Excess Insurance Authority</b>                  C/O ALLIANT INSURANCE SERVICES, INC.                  PO BOX 6450                  NEWPORT BEACH, CA 92658-6450                  PHONE (949) 756-0271 / FAX (619) 699-0901                  LICENSE #0C36861</p>	<p>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 BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>
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<p><b>Member:</b>                  CALIFORNIA ASSOCIATION FOR PARK &amp; RECREATION INDEMNITY/(CAPRI)                  ATTN: PAT CABULAGAN                  6341 AUBURN BLVD, SUITE A                  CITRUS HEIGHTS, CA 95621-5203</p>	<p>COVERAGE AFFORDED <b>A - CSAC Excess Insurance Authority</b></p> <p>COVERAGE AFFORDED <b>B</b></p> <p>COVERAGE AFFORDED <b>C</b></p> <p>COVERAGE AFFORDED <b>D</b></p>
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**Coverages**  
 THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

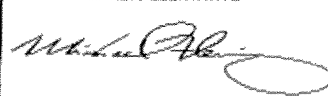
CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE (MM/DD/YYYY)	COVERAGE EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS
A	<input type="checkbox"/> <input checked="" type="checkbox"/> Excess General Liability <input checked="" type="checkbox"/> Excess Auto Liability <input checked="" type="checkbox"/> Excess Errors & Omissions	EIA-PE 10 EL-79	07/01/2010	07/01/2011	Difference between \$2,000,000 and the Member's Self-Insured Retention of \$1,000,000 Completed Operations Aggregate Applies

**Description of Operations/Locations/Vehicles/Special Items:**

AS RESPECTS STREET CLOSURES AT CHURCH STREET BETWEEN HIGHWAY 198 AND SCHOOL STREET FOR PARK DISTRICT'S "SAFE HALLOWEEN" TRICK OR TREAT ACTIVITY BEING HELD IN OCTOBER.

EL DORADO COUNTY DEPARTMENT OF TRANSPORTATION IS INCLUDED AS AN ADDITIONAL COVERED PARTY, BUT ONLY INSOFAR AS THE OPERATIONS UNDER THIS CONTRACT ARE CONCERNED

GEORGETOWN DIVIDE RECREATION DISTRICT IS A MEMBER OF CALIFORNIA ASSOCIATION FOR PARK & RECREATION INDEMNITY/(CAPRI)

<p><b>Certificate Holder</b></p> <p>EL DORADO COUNTY DEPARTMENT OF TRANSPORTATION                  2850 FAIRLANE COURT                  PLACERVILLE, CA 95667</p>	<p><b>Cancellation</b>                  SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"></p> <p style="text-align: center;">CSAC EXCESS INSURANCE AUTHORITY</p>
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