TO THIS ROAD CLOSURE.

COUNTY OF EL DORADO



DEPARTMENT OF TRANSPORTATION

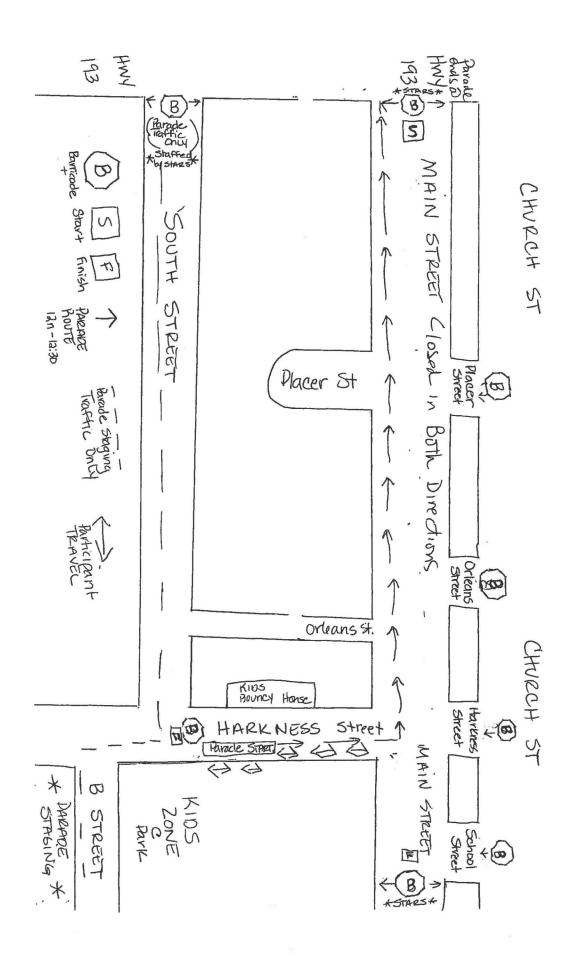
APPLICATION FOR ROAD CLOSURE



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

APPLICAT	TION RECEIVED BY:DATE:					
TITLE OF EVENT: FOUNDERS Day						
TYPE OF EVENT: Castration and Danada						
SPONSORING ORGANIZATION: Cookastan DIM de Katan						
	ED NUMBER OF PARTICIPANTS: 300 - 400					
	ROAD CLOSURE: SUNCAY SECT. 22					
START TI						
ROAD(S)	TO BE CLOSED: main street from Hwy 193 to					
Sch	and St.					
NOTE: T	HE ATTACHED SUPPLEMENTAL SHEET AND SKETCH SHALL BE COMPLETED IF MORE THAN					
ONE COU	NTY ROAD IS TO BE CLOSED					
	ED BY: DOIVE SMOOT DATE: JULY 10 2013					
	PERSON: David Smoot PHONE/FAX: 530 333-9232					
ADDRESS	: 2000 From Pond lane, Gootgetown Co. 95634					
	THE FOLLOWING CONDITIONS ARE REQUIRED FOR					
	ALL ROAD CLOSURES:					
4						
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					
2	submitted for review.					
2.	The organizers shall provide proof that the owners of the adjacent <u>business along the road closure</u>					
	are in agreement with proposed closure. These agreements must be attached to this application when it is submitted for review.					
3.						
٥.	The organizers shall be responsible for <u>providing all signs</u> , <u>barricades</u> , <u>cones</u> , <u>flaggers</u> , <u>and traffic controls</u> .					
4.	Wooden barricades shall be placed across the County road to close the road. Barricades shall also					
71	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					
٥.	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					
٠.	following the event. The organizers shall also remove all debris deposited by participants and					
	spectators.					
7.	The organizers shall provide a <u>Certificate of Insurance</u> , naming El Dorado County <u>Department of</u>					
	Transportation additionally insured, in the amount of \$1,000,000.00 (one million dollars) as					
	regulred 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					
ų.	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 expressive					
	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 ALL OF THE ABOVE CONDITIONS WITH REGARD





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/22/2013

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).

COLFILICA	to notice in the or such chaorsemental.					
PRODUCER	TOGETON CONTRANTED IN C. W. CHICA CO.	CONTACT NAME: Lockton Companies, LLC				
	LOCKTON COMPANIES, LLC - K CHICAGO 525 W. Monroe, Suite 600	PHONE (A/C, No, Ext): 1-800-921-3172 FAX (A/C, No): 1-31			81-6769	
	CHICAGO, IL 60661	E-MAIL ADDRESS: Rotary@lockton.com				
	(312) 669-6900			NAIC#		
		INSURER A :	ACE American Insurance Compa	ny	22667	
INSURED	All Active US Rotary Clubs & Districts	INSURER B:	ACE Property & Casualty Insuran	ce Co	20699	
	Attn: Risk Management Division	INSURER C :				
	1560 Sherman Ave.	INSURER D :				
	Evanston, IL 60201-3698	INSURER E :				
		INSURER F :				

COVERAGES		CERTIFICATE NUI	WBER:		F	EVISION NUMBER:	
THIS IS TO C	ERTIFY THAT THE PO	DLICIES OF INSURANC	E LISTED BELOW HAVE	BEEN ISSUED TO	THE INSURED	NAMED ABOVE FOR	THE POLICY PERIOD
INDICATED.	NOTWITHSTANDING A	ANY REQUIREMENT, T	ERM OR CONDITION OF	F ANY CONTRACT	OR OTHER D	OCUMENT WITH RESPI	ECT TO WHICH THIS
CERTIFICATE	MAY BE ISSUED OF	MAY PERTAIN, THE	INSURANCE AFFORDED	BY THE POLICIE	S DESCRIBED	HEREIN IS SUBJECT	TO ALL THE TERMS,
EXCLUSIONS	AND CONDITIONS OF	SUCH POLICIES. LIMIT	S SHOWN MAY HAVE BE	EEN REDUCED BY	PAID CLAIMS.		
NSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS

INSF	NSR TYPE OF INSURANCE		UBR WD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROLOCE LOC	r	N	PMI G23861355 005	7/1/2013	7/1/2014	EACH OCCURRENCE \$ 2,000,000
A	ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X AUTOS	1	V	PMI G23861355 005	7/1/2013	7/1/2014	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXX BODILY INJURY (Per accident) \$ XXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXX \$ XXXXXXX
В	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	N	1	M00534092 005	7/1/2013	7/1/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		NOT APPLICABLE			WC STATU- TORY LIMITS E.L. EACH ACCIDENT S. XXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXX E.L. DISEASE - POLICY LIMIT S. XXXXXXXX

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

The Certificate Holder is included as Additional Insured where required by written and signed contract or permit subject to the terms and conditions of the General Liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

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D.O.T. "The County of El Dorado, its officers, officials, employees and volunteers" El Dorado County, 2850 Fairlane Ct. Placerville, CA. 95667 Georgetown's Founders Day, 09/22/2012 Georgetown Divide Rotary Club, Georgetown CA. 95634 District 5190	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

CANCELL ATION

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ACORD 25 (2010/05)

CERTIFICATE HOLDER

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