



**County of El Dorado
Community Development Agency
Transportation Division**

SPECIAL EVENT PERMIT APPLICATION

MAKE YOUR SELECTION:

Cycling Running/Walking Parades Road Closures

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

APPLICATION RECEIVED BY: _____ DATE: _____

TITLE OF EVENT: PLEASANT VALLEY 4TH OF JULY PARADE

TYPE OF EVENT: PARADE

SPONSORING ORGANIZATION: PLEASANT VALLEY GRANGE #675

ESTIMATED NUMBER OF PARTICIPANTS: 250

DATE OF EVENT: JULY 4, 2016

START TIME: 11 AM COMPLETION TIME: NOON

ROAD(S) TO BE TRAVELED OR OCCUPIED: PLEASANT VALLEY ROAD FROM
LEISURE CANYON TO MT. ANKUM ROAD

CONTACT PERSON: ROD AVERY DATE: 4-15-16

PHONE: 530-647-8535 FAX: 530-647-8536

ADDRESS: 7280 SUN PARK ROAD PLACERVILLE CA 95667

EMAIL: RODSREEK@GMAIL.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 any way 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, ACKNOWLEDGED AND AGREE TO THE ABOVE CONDITIONS WITH REGARD TO THIS PERMIT

SIGNATURE/TITLE: Rod Avery TREASURER DATE: 4-15-16
MUST BE ON BOARD OF DIRECTORS TO SIGN

COUNTY OF EL DORADO
COMMUNITY DEVELOPMENT AGENCY, TRANSPORTATION DIVISION



MAIN OFFICE
2850 Fairlane Court
Placerville, CA 95667
Phone: (530) 621-5941
Fax: (530) 621-2030

**THE FOLLOWING MANDATORY DOCUMENTS ARE REQUIRED FOR ALL
SPECIAL EVENT PERMITS**

Submit application for the appropriate permit at least 90 days prior to the event.

_____ The applicant's plans shall provide Route and Traffic Control Plans that indicates all measures to be used for this special event. Drawings must be of the standard of practice in this area. **NO GOOGLE MAPS WILL BE ACCEPTED.** The minimum plan size shall be 11 x 17.

_____ Label all roads to be occupied, including all intersecting roads along the route.

_____ Indicate "start" and "finish" location of the event

_____ Indicate direction of travel for the participants

_____ Indicate locations of sanitation facilities if any are required.

_____ Signage Plan shall include type and location of all proposed signs, barricades, cones and flaggers. The minimum plan size shall be 11 x 17.

_____ Detour Plan – a substitute or roundabout way of how the public is getting to the nearby roads. The minimum plan size shall be 11 x 17.

_____ Certificate of Insurance with the following words naming: "County of El Dorado, its officers, officials, employees and volunteers are included as additional insured, (ON AN ADDITIONAL INSURED ENDORSEMENT) but only insofar as the operations under this agreement are concerned. This provision shall apply to the general liability policy for one million dollars.

_____ 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.

Once all applications, attachments and insurance documents are deemed complete this Department will notify all interested parties, departments, agencies of the event. They will have 10 working days to respond with comments or concerns regarding this event.

At this time all road closures must be processed through the Board of Supervisors Office for approval and issued a Resolution at a regular meeting. Parades Special event permits do not need Board of Supervisors approval.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2016

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 R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Robert V. Nuccio PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595 E-MAIL ADDRESS: support@rvnuccio.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Fireman's Fund Insurance Company</td> <td>21873</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Fireman's Fund Insurance Company	21873	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER E :														
INSURER F :														
INSURED Pleasant Valley Grange #675 Po Box 332 Diamond Springs , CA 95619														

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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.

INBR LTR	TYPE OF INSURANCE	ADDL. SUBR INBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	XXC80498440 NAEP068858	7/4/2016	07/05/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 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)

Additional Insured: County of El Dorado, its officers, officials employees and volunteers

CERTIFICATE HOLDERCounty of El Dorado
300 Fair Ln
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

Robert V. Nuccio

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Certificate Number: NAEP068858
Effective Dates: 7/4/2016 to 7/4/2016

**Additional Insured - Person, Organization or other Entity -
600002STEP 09 12**

Policy Amendment(s) Commercial General Liability

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

Name of Additional Insured Person(s) or Organization(s) or other Entity(ies)

County of El Dorado

County of El Dorado, its officers, officials
employees and volunteers

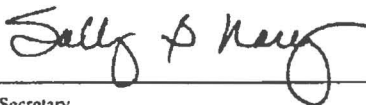
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an insured the person, organization or other entity shown in the Schedule above but only to the extent that **bodily injury, property damage or personal and advertising injury** is caused by the sole negligence of the Memorandum of Insurance holder.


Any Additional Insured Person(s) or Organization(s) or other Entity(ies) covered under this policy is subject to the policy forms, terms, conditions, exclusions, limitations and provisions.

This Endorsement is otherwise subject to all the terms, conditions, exclusions, limitations, and provisions of the policy to which it is attached.

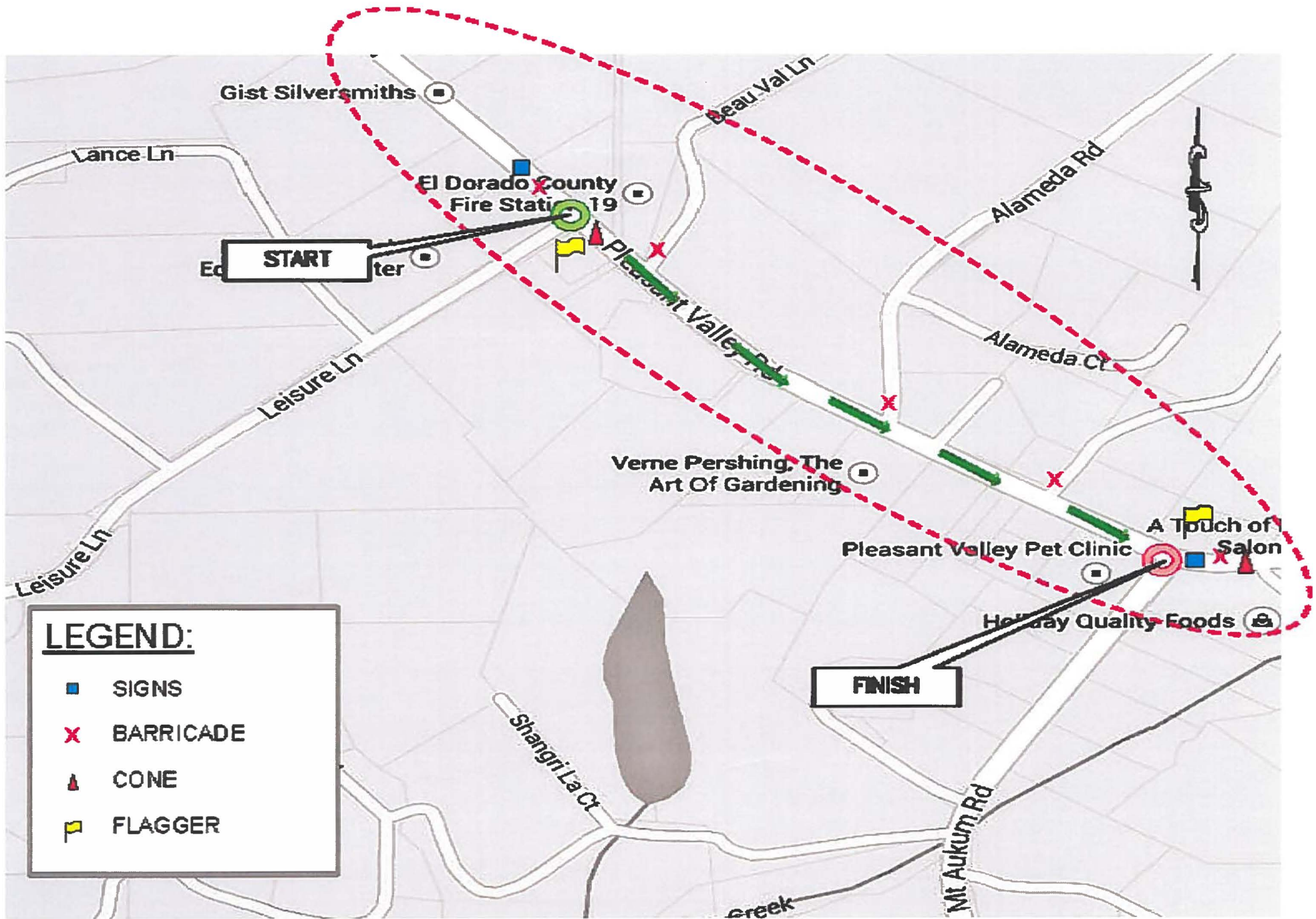
This Form must be attached to Change Endorsement when issued after the policy is written.
One of the Fireman's Fund Insurance Companies as named in the policy



Secretary



President



LEGEND:

- SIGNS
- × BARRICADE
- ▲ CONE
- ▬ FLAGGER