

# 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TITLE OF EVENT: Jeepers Jamboree Vendor Show & Outdoor Expo  
 TYPE OF EVENT: Street Expo  
 SPONSORING ORGANIZATION: Jeepers Jamboree & Jeep Jamboree, Inc.  
 ESTIMATED NUMBER OF PARTICIPANTS: \_\_\_\_\_  
 DATE OF ROAD CLOSURE: Wednesday July 23, 2014  
 START TIME: 4 AM COMPLETION TIME: 9 pm  
 ROAD(S) TO BE CLOSED: Main Street - Wentworth Springs

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

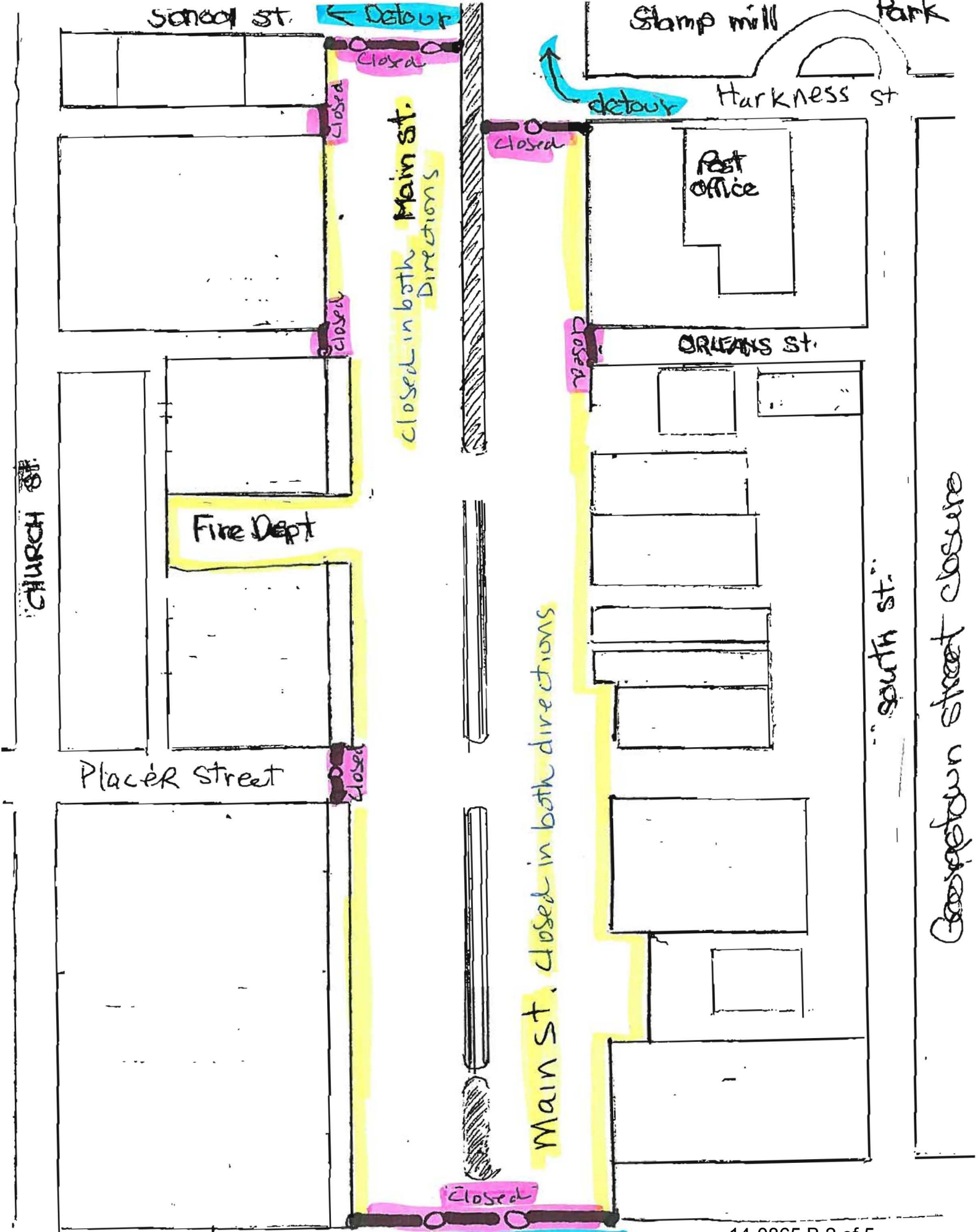
SUBMITTED BY: Lacey Stiles DATE: 2/28/2014  
 CONTACT PERSON: Bob Sweeney PHONE/FAX: 530-333-4771 / 530-333-0245  
 ADDRESS: 10275 Main Street, PO Box 900 Georgetown, CA 951034

### 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: Lacey Stiles DATE: 2/28/2014  
President 3/5/2014

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



Hwy 103

← Detour →

14-0865 B 2 of 5  
Hwy 103



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: 02

DATE (MM/DD/YYYY)

06/16/2014

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 Seabury, Copland & Anderson P.O. Box 1169 Madera, CA 93839 Steve Copland	CONTACT NAME: <b>Steve Copland</b>		
	PHONE (A/C, No, Ext): <b>569-673-7027</b>	FAX (A/C, No): <b>569-673-9210</b>	
E-MAIL ADDRESS: <b>steve@seaburycopland.com</b>			
PRODUCER CUSTOMER ID #: <b>JEEPE-1</b>			
INSURED Jeepers Jamboree and Jeep Jamboree Inc. 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:		
INSURER F:			

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	ADDITIONAL INSURER	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		CPS1860561	12/01/2013	12/01/2014	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) \$ 6,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	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						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				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)  
Certificate holder is named as Additional Insured pertaining to form CG 20 11 04 13.

CERTIFICATE HOLDER	CANCELLATION
County of El Dorado Dept. of Transportation Sheri Woodford 2850 Fairlane Court Placerville, CA 95667	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 <i>Steve Copland</i>

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# GENERAL CHANGE ENDORSEMENT

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Name of Insurance Company(ies) Scottsdale Insurance Company                      Scottsdale Ins Company                      100.0% GenLiab		Inception Date 12/1/2013	Expiration Date 12/1/2014
Endorsement Effective 6/13/2014	Policy Number CPS1860561	Endorsement # 4	
Named Insured Jeepers Jamboree & Jeep Jamboree Inc.		<i>Karen White</i> Countersigned By	

(Authorized Representative)

IN CONSIDERATION OF THE PREMIUM PREVIOUSLY CHARGED, IT IS HEREBY UNDERSTOOD AND AGREED THAT THE POLICY IS AMENDED AS FOLLOWS:

The additional insured per Endorsement #3, and the corresponding form CG 2011, is now corrected to read:

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 any modifications to the policies.

Attn: Sheri Woodford  
Senior Development Technician  
Transportation Division, Community Development Agency  
2850 Fairlane Court  
Placerville, Ca. 95667  
530-621-5941

All other terms and conditions remain unchanged.

<b>PREMIUM</b> . . . . .	\$            0.00
<b>FEES</b> . . . . .	\$            0.00
<b>TAX</b> . . . . .	\$            0.00
<b>FILING FEE</b> . . . . .	\$            0.00
<b>FIRE MARSHALL</b> . . . . .	\$            0.00
<b>STAMPING FEE</b> . . . . .	\$            0.00
 <b>TOTAL</b> . . . . .	 \$            0.00

jmbills 6/16/2014

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> JULY 23, 2014 (ROAD CLOSURE MAIN ST.) VENDOR SHOW JULY 24-27, 2014 AND AUG, 1-3, 2014
<b>Name Of Person(s) Or Organization(s) (Additional Insured):</b> <b>** See Below</b>
<b>Additional Premium:</b> \$ Previously Charged
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.

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 any modifications to the policies.

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 Transportation Division, Community Development Agency  
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