



**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: 10/10/11
 TITLE OF EVENT: 2nd Annual Run with Santa
 TYPE OF EVENT: Holiday Fun Run
 SPONSORING ORGANIZATION: Scenario Communications AND CAMERON PARK CSD
 ESTIMATED NUMBER OF PARTICIPANTS: 300
 DATE OF ROAD CLOSURE: 12/3/11
 START TIME: 6AM COMPLETION TIME: 9AM
 ROAD(S) TO BE CLOSED: Country Club, Merrychase Drive, Knollwood Drive, Cameo Lane, Greenwood Lane

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

SUBMITTED BY: Bob Davis DATE: 10/10/11
 CONTACT PERSON: Bob Davis PHONE/FAX: 916-220-3647
 ADDRESS: 3941 park Drive, Suite 20-267, El Dorado Hills, CA 95762

**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:  Digitally signed by bob davis
DN: cn=bob davis, o, ou,
email=b1bobdavis@gmail.com, c=US
Date: 2011.10.11 16:01:50 -0700 DATE: 10/10/11

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: 7:30a COMPLETION TIME: 9am
Country Club Drive BETWEEN Bass Lake Road and Knollwood

STARTING TIME: 8am COMPLETION TIME: 9am
Merrychase Drive BETWEEN Greenwood & Country Club

STARTING TIME: 8am COMPLETION TIME: 8:30am
Knollwood Drive BETWEEN Country Club and Greenwood

STARTING TIME: 8am COMPLETION TIME: 8:30am
Geenwood Lane BETWEEN Knollwood & Merrychase

STARTING TIME: 8am COMPLETION TIME: 9am
Country Club Drive BETWEEN Trinidad and Bass Lake Road

STARTING TIME: _____ COMPLETION TIME: _____
_____ BETWEEN _____

STARTING TIME: _____ COMPLETION TIME: _____
_____ BETWEEN _____

STARTING TIME: _____ COMPLETION TIME: _____
_____ BETWEEN _____

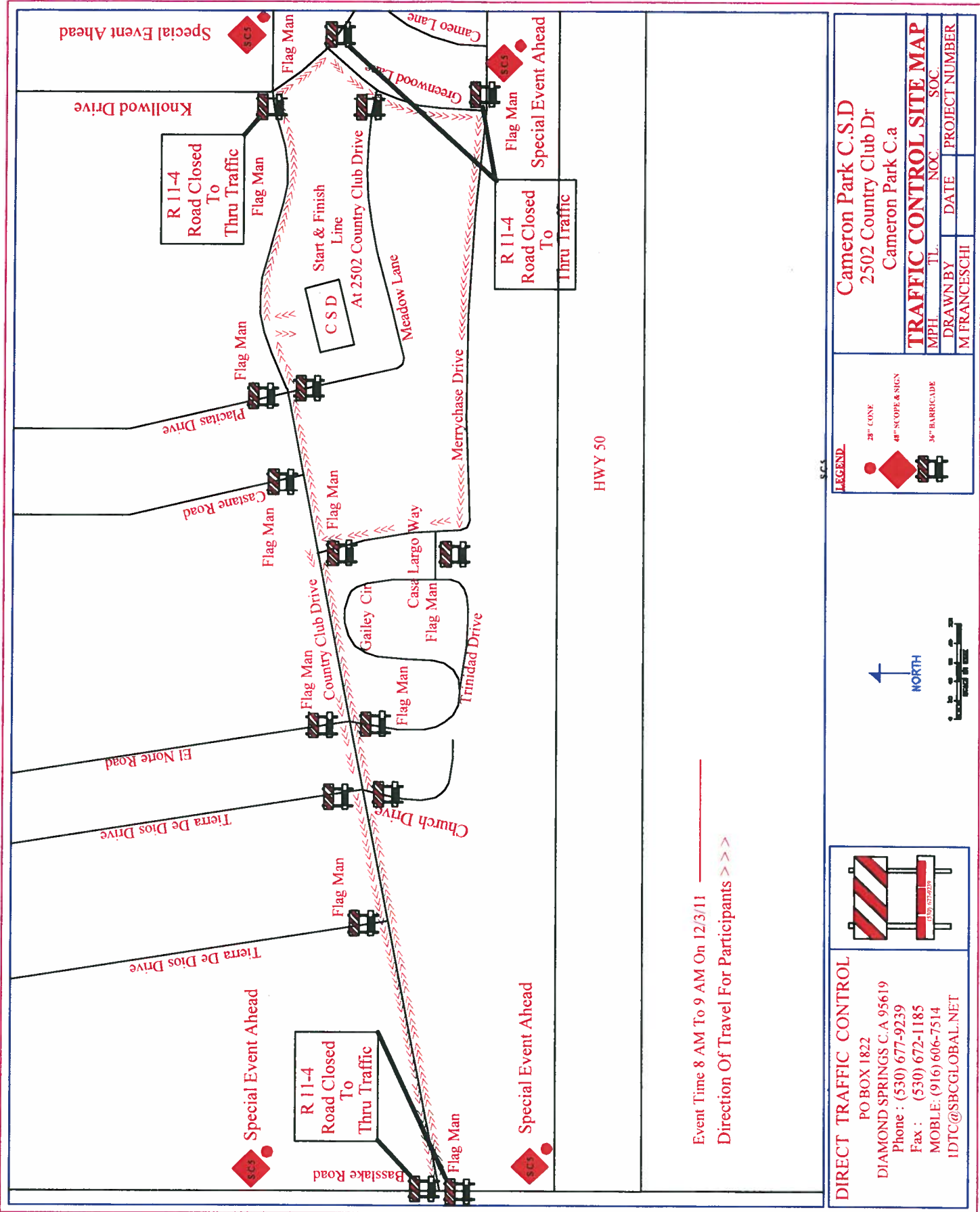
STARTING TIME: _____ COMPLETION TIME: _____
_____ BETWEEN _____

STARTING TIME: _____ COMPLETION TIME: _____
_____ BETWEEN _____

STARTING TIME: _____ COMPLETION TIME: _____
_____ BETWEEN _____

STARTING TIME: _____ COMPLETION TIME: _____
_____ BETWEEN _____

STARTING TIME: _____ COMPLETION TIME: _____
_____ BETWEEN _____



Event Time 8 AM To 9 AM On 12/3/11
 Direction Of Travel For Participants

DIRECT TRAFFIC CONTROL
 PO BOX 1822
 DIAMOND SPRINGS C.A 95619
 Phone : (530) 677-9239
 Fax : (530) 672-1185
 MOBILE: (916) 606-7514
 IDTC@SBCGLOBAL.NET

LEGEND
 24" CONE
 48" SCOPE & SIGN
 36" BARRICADE

TRAFFIC CONTROL SITE MAP
 Cameron Park C.S.D
 2502 Country Club Dr
 Cameron Park C.a

MPH	TL	DATE	NOC	SOC
M.FRANCESCHI				



CERTIFICATE OF LIABILITY INSURANCE

10/12/11


PRODUCER Stratus Insurance Services, Inc. 947 South 500 East American Fork, UT 84003 775-573-8368	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Run with Santa / Scenario Communications Bob Davis 3941 Park drive, ste20-267 El Dorado Hills, CA 95762	INSURER A: Colony Insurance Company	39993
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	OS800000A-3-513083	12/03/11	12/04/11	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Host Liquor Liability	OS800000A-3-513083	12/03/11	12/04/11	Included in occurrence limit above

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.

CERTIFICATE HOLDER El Dorado County Department of Transport 2850 Fairlane Court Placerville, CA 95667	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
El Dorado County Department of Transport 2850 Fairlane Court Placerville, CA 95667
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 additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.