



**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: Georgetown Divide Founders Day

TYPE OF EVENT: Parade, vendors, food, live music

SPONSORING ORGANIZATION: Georgetown Divide Rotary

ESTIMATED NUMBER OF PARTICIPANTS: 300 to 400

DATE OF EVENT: September 18, 2016, Sunday

START TIME: 6 am. COMPLETION TIME: 6 pm.

ROAD(S) TO BE TRAVELED OR OCCUPIED: Main Street from Hwy 193 to School St., Harkness street from Main to South St., Cbas - Placer st. and Orleans st.

CONTACT PERSON: Dave Smart DATE: June 14, 2016

PHONE: 530-334-3063 FAX: _____

ADDRESS: 2000 Frog Pond Lane, Georgetown, 95634

EMAIL: 2 Smarts @ SBC Global . Net

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: Dave Smart 2017 PE DATE: June 14, 2016
MUST BE ON BOARD OF DIRECTORS TO SIGN

closure map and merchant signatures on County file
The name for file
16-0859 B 1 of 5



CERTIFICATE OF LIABILITY INSURANCE

7/1/2017

DATE (MM/DD/YYYY)

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 LOCKTON COMPANIES 500 West Monroe, Suite 3400 CHICAGO IL 60661 (312) 669-6900	CONTACT NAME: Lockton Companies PHONE (A/C, No, Ext): 1-800-921-3172 E-MAIL ADDRESS: rotary@lockton.com	FAX (A/C, No): 1-312-681-6769
	INSURER(S) AFFORDING COVERAGE	
INSURED All Active US Rotary Clubs & Districts 1393456 Attn: Risk Management Department 1560 Sherman Ave. Evanston, IL 60201-3698	INSURER A: Lexington Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES ROTIN01 **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability <input type="checkbox"/> Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			015375594	7/1/2016	7/1/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			015375594	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

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

The Certificate Holder is included as Additional Insured where required by written 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.

CERTIFICATE HOLDER **CANCELLATION**

D.O.T. the County of El Dorado its officers, officials, employees and volunteers El Dorado County 2850 Fairlane Ct., Pacerville, CA.95667 Georgetown Founders Day, 09/18/2016 Georgetown Divide Rotary Club, P.O. Box 555 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 
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ENDORSEMENT

This endorsement, effective 12:01 AM 07/01/2016

Forms a part of policy no.: 015375594

Issued to: US ROTARY CLUB & DISTRICTS
C/O ROTARY INTERNATIONAL

By: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG2026 04/13)

This endorsement modifies insurance provided by the following:

COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)

County of El Dorado, its officers, officials, employees and volunteers
2850 Fairlane Court
Placerville, CA 95667

RE: Rotary Club of Georgetown Divide (CA)
Georgetown Divide Founders Day Parade & Fest, September 18, 2016

Where required by written contract provided that such was executed prior to the date of loss per schedule on file with Lockton Companies.

This endorsement is only valid when additional insured information is completed including name and address.

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 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:

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

All other terms and conditions of the policy remain the same.



Authorized Representative

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Sheri Woodford <sheri.woodford@edcgov.us>

Re: Georgetown Founder's Day road closure

1 message

Marco Sandoval <marco.sandoval@edcgov.us>

Fri, Aug 19, 2016 at 2:24 PM

To: Sheri Woodford <sheri.woodford@edcgov.us>

Cc: Andrew Gaber <andrew.gaber@edcgov.us>, "barbotc@edso.org" <barbotc@edso.org>, Bard Lower <bard.lower@edcgov.us>, Brent McElmurry <bmcelmurry@chp.ca.gov>, Brian Mullens <brian.mullens@edcgov.us>, "crawfordt@edso.org" <crawfordt@edso.org>, Don Spear <don.spear@edcgov.us>, EDH Fire Marshall Cox <mcox@edhfire.com>, "fred.sanford" <fred.sanford@edcgov.us>, Greg Hicks <greg.hicks@edcgov.us>, "hammitt@edso.org" <hammitt@edso.org>, "jmueller@chp.ca.gov" <jmueller@chp.ca.gov>, Lillian Macleod <lillian.macleod@edcgov.us>, Mike Powers <mpowers@chp.ca.gov>, "schlagl@edso.org" <schlagl@edso.org>, Steve Pedretti <steve.pedretti@edcgov.us>

Looks fine from my end - Risk.

Marco Sandoval

Risk Manager

El Dorado County

330 Fair Lane

Placerville, CA 95667

(530) 621-6084

(530) 642-9815, fax

marco.sandoval@edcgov.us

On Fri, Aug 19, 2016 at 2:00 PM, Sheri Woodford <sheri.woodford@edcgov.us> wrote:

For your review.

Risk Manager, please respond in writing.

Thank you,

Sheri Woodford

Senior Development Technician

County of El Dorado

Community Development Agency

Transportation Division

2850 Fairlane Court

Placerville, Ca. 95667

530-621-5941 / FAX 530-621-2030

sheri.woodford@edcgov.us