



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: SW DATE: 5-3-10
 TITLE OF EVENT: 4TH OF July Parade
 TYPE OF EVENT: Parade
 SPONSORING ORGANIZATION: Pollock Pines Camino Community Center
 ESTIMATED NUMBER OF PARTICIPANTS: 100
 DATE OF ROAD CLOSURE: July 4th 2010
 START TIME: 12:00 Noon COMPLETION TIME: 1:00pm
 ROAD(S) TO BE CLOSED: Pony Express Trail, From Sly Park To Sardes
See Map.

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

SUBMITTED BY: Michelle Hammett/Buens DATE: 4/27/2010 ^{Contact #} 303-3189
 CONTACT PERSON: Michelle Hammett PHONE/FAX: 530-303-3190 Fax 644-6713
 ADDRESS: P.O. Box 1422 Pollock Pines, CA 95726

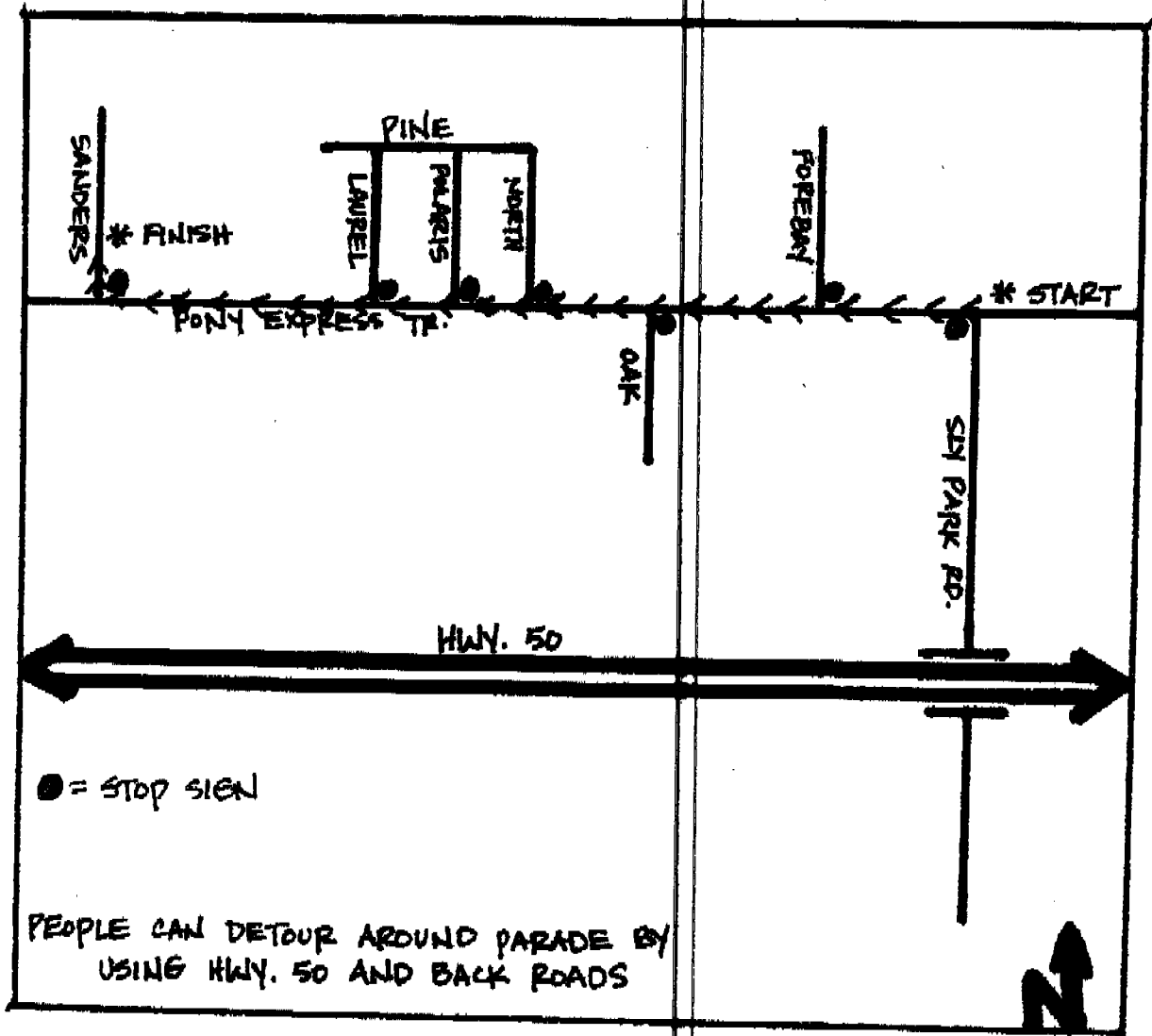
THE FOLLOWING CONDITIONS ARE REQUIRED FOR ALL ROAD CLOSURES:

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 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.

SIGNATURE: Michelle Hammett DATE: 4/1/10

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

SKETCH FOR ROAD CLOSURES AND PARADES



INSTRUCTIONS

1. Sketch all roads to be occupied and label roads name.
2. Indicate all intersecting public roads along route.
3. Indicate "START" and "FINISH" location of event.
4. Indicate direction of travel for the participants.

NOTE: This sketch may serve as the "SIGNING/DETOUR PLAN" if it clearly identifies the type and location of all proposed sign, barricades, cones, and flaggers.

SUPPLEMENTAL SHEET FOR ROAD CLOSURES AND PARADES

STARTING TIME: 12:00 Noon COMPLETION TIME: 12:15
Pony Express TR BETWEEN SLY PARK & FORBAY

STARTING TIME: 12:15 COMPLETION TIME: 12:25
Pony Express TR BETWEEN ~~FORBAY~~ FORBAY & OAK

STARTING TIME: 12:25 COMPLETION TIME: 12:30
Pony Express TR BETWEEN OAK & NORTH

STARTING TIME: 12:30 COMPLETION TIME: 12:35
Pony Express TR BETWEEN NORTH & POLARIS

STARTING TIME: 12:35 COMPLETION TIME: 12:40
Pony Express TR BETWEEN POLARIS & LAUREL

STARTING TIME: 12:40 COMPLETION TIME: 1:00
Pony Express TR BETWEEN LAUREL & SANDERS

STARTING TIME: _____ COMPLETION TIME: _____
_____ BETWEEN _____

STARTING TIME: _____ COMPLETION TIME: _____
_____ BETWEEN _____

STARTING TIME: _____ COMPLETION TIME: _____
_____ BETWEEN _____

STARTING TIME: _____ COMPLETION TIME: _____
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STARTING TIME: _____ COMPLETION TIME: _____
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STARTING TIME: _____ COMPLETION TIME: _____
_____ BETWEEN _____

STARTING TIME: _____ COMPLETION TIME: _____
_____ BETWEEN _____

4/27/2010 3:14 PM FROM: Mother Lode Insurance TO: 3033190 PAGE: 002 OF 003

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) **4/27/2010**

PRODUCER (530) 677-8755 FAX: (530) 677-8314
MOTHER LODE INSURANCE SERVICES
 License #0C13447
 P.O. Box 1310
 Shingle Springs CA 95682

INSURED
Pollock Pines/Camino Community Center
 P.O. Box 1195
 Pollock Pines CA 95726

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 #
INSURER A:	Nonprofits' Ins Alliance	
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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	200917736NPO	7/28/2009	7/28/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC (GENL AGGREGATE LIMIT APPLIES PER)				
	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				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESSA/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE 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"/> WA SHALL <input type="checkbox"/> OTH- TYPIC LIMITS <input type="checkbox"/> ACC E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 re: July 4th, 2010 Parade, Pollock Pines, CA 95726
 Certificate Holder is Additional Insured.
 *Except 10 days notice of cancellation applies for non-payment of premium.

CERTIFICATE HOLDER

(530) 303-3190
**EL DORADO COUNTY DEPT
 OF TRANSPORTATION**
 2850 FAIR LANE
 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.
 AUTHORIZED REPRESENTATIVE
 Kristine Carter/KRIS *Kristine Carter*