



COUNTY OF EL DORADO DEPARTMENT OF TRANSPORTATION

APPLICATION FOR ROAD CLOSURE

THIS APPLICATION MUST BE SUBMITTED AT LEAST 22 DAYS PRIOR TO THE ROAD CLOSURE DATE

Parade Permit



APPLICATION RECEIVED BY: _____ DATE: _____

TITLE OF EVENT: Jeepers Jamboree + Jeep Jamboree

TYPE OF EVENT: 4 Wheel Drive Event

SPONSORING ORGANIZATION: _____

ESTIMATED NUMBER OF PARTICIPANTS: 1000 People - 500 Vehicles

DATE OF ROAD CLOSURE: Wed. July 21 - Mon. July 26 + Thurs. July 29 - Mon. August 2

START TIME: 10am COMPLETION TIME: 12:00 midnight

ROAD(S) TO BE CLOSED: Rubicon Trail Road from Westworth Springs + Loop
Label to Berle Creek & thence east to Placer County Line

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

SUBMITTED BY: Jeepers Jamboree & Jeep Jambo DATE: 6/2/2010

CONTACT PERSON: Lacey Stiles PHONE/FAX: (530) 533-4771 (F) 530-533-0045

ADDRESS: 10275 Main St., P.O. Box 900 Oroville, CA 95964

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: Lacey Stiles DATE: 6/2/2010

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

Jeepers Jamboree & Jeep Jamboree, Inc.

P.O. Box 900
6275 Main Street
Georgetown, CA 95634

Phone Number: 530-333-4771
Fax Number: 530-333-0245
Website: jeepersjamboree.com
E-mail: mail@jeepersjamboree.com

June 2, 2010

Shellie Baker / Sheri Woodford
Dept. of Transportation
2850 Fairlane Ct
Placerville, CA 95667

Re: Road Closure for the 58th Annual Jeepers Jamboree and 32nd Annual Jeep Jamboree.

Dear Shellie/Sheri:

We are requesting a road closure for our Jamborees. This year we request restriction from the Rubicon Trail Roads, from Wentworth Springs and Loon Lake Dam, to Gerle Creek, and thence east to the Placer County Line.

The dates and time requested are as follows:

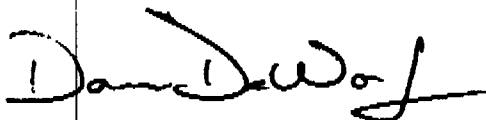
- 6:00 AM Wednesday, July 21, 2010, through Midnight Monday, July 26, 2010
- 6:00 AM Thursday, July 29, 2010, through Midnight Monday, August 2, 2010

For the Jeepers Jamboree trip we anticipate approximately 450 vehicles with 900 participants. For the Jeep Jamboree trip we anticipate approximately 200 vehicles with 400 participants. As stated, these numbers are only approximations at this time based on the sign-ups to-date. Should they change substantially, we will notify you closer to the above dates.

We would like Road Closure signs erected at the Loon Lake Dam and at Miller Lake. We will not need any barricades.

Our Insurance Company sent our Certificate of Insurance at the beginning of the year. If you did not received please let me know and I will have it re-sent.

Sincerely,

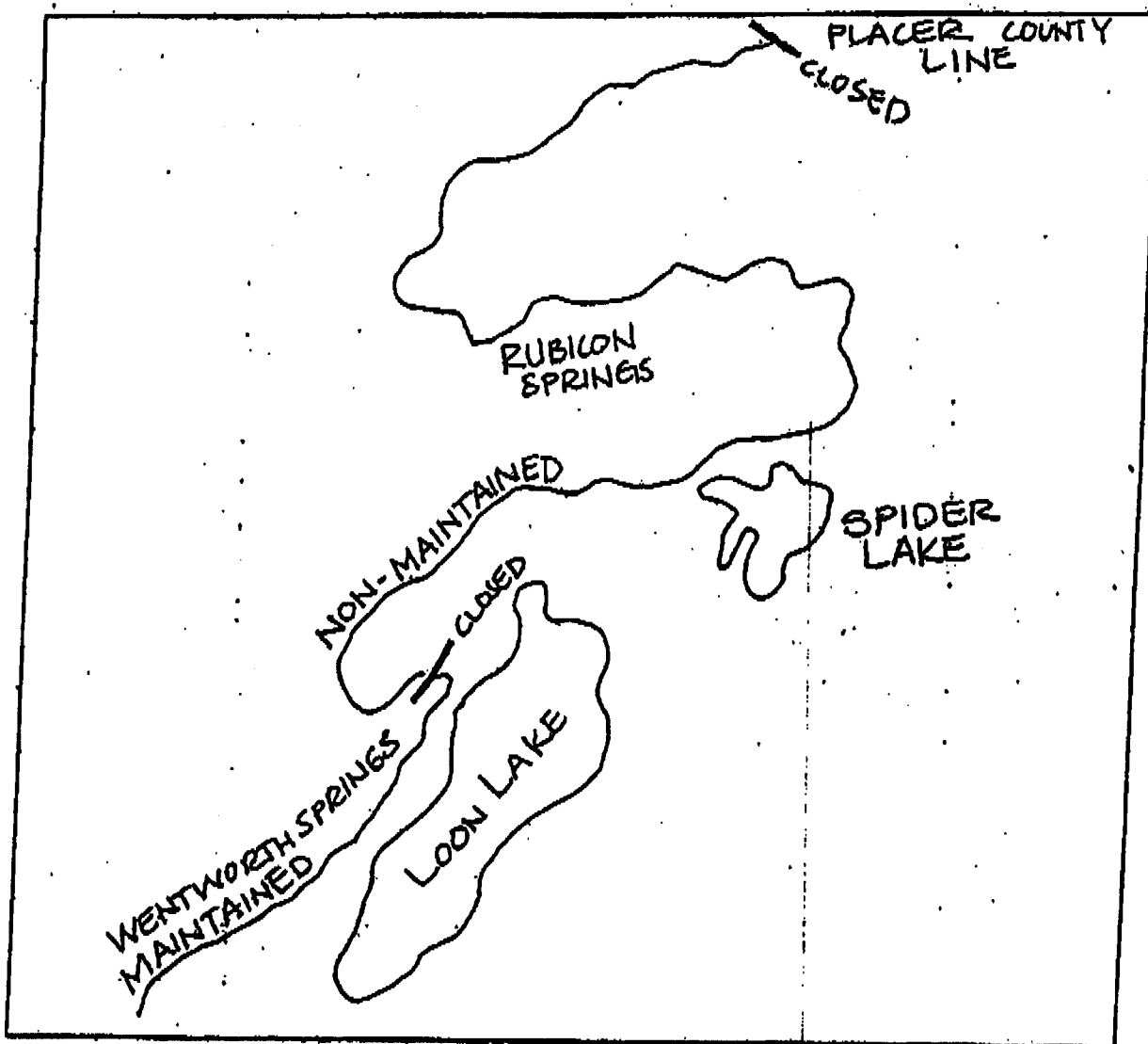


Dan DeWolf, President
Jeepers Jamboree & Jeep Jamboree, Inc.

②

SKETCH

(To be completed if more than one County Road is to be closed)

**INSTRUCTIONS:**

1. Sketch all roads to be closed and label roads by name.
2. Indicate all intersecting public roads along route.
3. Indicate "START" and "FINISH" locations 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 signs, barricades, cones, and flaggers.



CERTIFICATE OF LIABILITY INSURANCE

OP ID CD
JEEJA-1

DATE (MM/DD/YYYY)

03/26/10

PRODUCER Outdoor Insurance Group, Inc. 726 Front Street, Suite C Louisville CO 80027 Phone: 303-951-5050 Fax: 303-951-5060		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.	
INSURED Jeep Jamboree USA DBA Mark A Smith Off Rooding Inc 2776 Sourdough Flatt Georgetown CA 95634		INSURERS AFFORDING COVERAGE	NAIC # 18058
		INSURER A: Philadelphia Indemnity Ins Co	
		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	X	X	GENERAL LIABILITY	PHPK547052	04/01/10	04/01/11	EACH OCCURRENCE	\$ 1,000,000
			COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
			CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>				MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
			GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	\$ 3,000,000	
			<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PRODUCTS - COMP/OP AGG	\$ 2,000,000	
			AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
			ANY AUTO <input type="checkbox"/>				BODILY INJURY (Per person)	\$
			ALL OWNED AUTOS <input type="checkbox"/>				BODILY INJURY (Per accident)	\$
			SCHEDULED AUTOS <input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$
			HIRED AUTOS <input type="checkbox"/>			AUTO ONLY - EA ACCIDENT	\$	
			NON-OWNED AUTOS <input type="checkbox"/>			OTHER THAN AUTO ONLY: EA ACC	\$	
						AGG	\$	
A		X	EXCESS / UMBRELLA LIABILITY	PHUB302262	04/01/10	04/01/11	EACH OCCURRENCE	\$ 4,000,000
			OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE	\$ 4,000,000
			DEDUCTIBLE					\$
			RETENTION \$10,000 <input checked="" type="checkbox"/>				\$	
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC STATUTORY LIMITS	OTHER	
			ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N			E.L. EACH ACCIDENT		\$
			If yes, describe under SPECIAL PROVISIONS below			E.L. DISEASE - EA EMPLOYEE		\$
			OTHER			E.L. DISEASE - POLICY LIMIT		\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

It is hereby understood and agreed that the Certificate Holder is named as an Additional Insured but only with respects to its liability arising out of the activities of the Named Insured.

CERTIFICATE HOLDER

El Dorado County
 Department of Transportation
 2850 Fair Lane Ct.
 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

[Signature]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CG 20 11 01 96

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

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

Endorsement effective 12/01/2009 12:01 A.M. standard time	Policy No. CPS1116729
Named Insured JEEPERS JAMBOREE & JEEP JAMBOREE INC	Countersigned by

(Authorized Representative)

SCHEDULE

1. Designation of Premises (Part Leased to You):

2. Name of Person or Organization (Additional Insured):

COUNTY OF EL DORADO/ DEPT. OF TRANSPORATION - ATTN: SHERI WOODFORD
2850 FAIRLANE COURT, PLACERVILLE, CA 95667
DATE OF EVENTS; JULY 22-26, 2010 & JULY 30 TO AUG. 2, 2010

3. Additional Premium: \$50.00

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization 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 or organization shown in the Schedule.

RECEIVED
DOT

2010 JAN -6 PM 1:34

COMMON POLICY DECLARATIONS

RENEWAL OF
CLS1546647



SCOTTSDALE INSURANCE COMPANY®

Policy Number
CPS1116729

Home Office:

One Nationwide Plaza ▪ Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive ▪ Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

ITEM 1. Named Insured and Mailing Address

JEEPERS JAMBOREE & JEEP JAMBOREE INC
P O BOX 900
GEORGETOWN, CA 95634

Agent Name and Address

BURNS & WILCOX, LTD.
200 BURNS & WILCOX CENTER
7575 N. PALM AVENUE
FRESNO, CA 93711

Agent No.: 04071

Program No.: CT/AT

ITEM 2. Policy Period

From: 12/01/2009

To: 12/01/2010

Term: 365 DAYS

12:01 A.M., Standard Time at your mailing address.

Business Description: SPONSOR OF TWO JEEP JAMBOREES PER YEAR

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium
Commercial General Liability Coverage Part	\$ 3,691
Commercial Property Coverage Part	\$ NOT COVERED
Commercial Crime Coverage Part	\$ NOT COVERED
Commercial Inland Marine Coverage Part	\$ NOT COVERED
Commercial Auto (Business Auto or Truckers) Coverage Part	\$ NOT COVERED
Commercial Garage Coverage Part	\$ NOT COVERED
Professional Liability Coverage Part	\$ NOT COVERED
	\$
	\$
Total Policy Premium:	\$ 3,691.00
POLICY FEE FULLY EARNED	\$ 250.00
	\$
SURPLUS LINES TAX	\$ 118.23
STAMPING FEE	\$ 8.87
TOTAL	\$ 4,068.10
	\$

Form(s) and Endorsement(s) made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

K. ANDERSON
12/17/2009

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. CPS1116729 Effective Date: 12/01/2009
12:01 A.M., Standard Time

Named Insured JEEPERS JAMBOREE & JEEP JAMBOREE INC Agent No. 04071

COMMON FORMS

UTS-COVPG 7-09	Cover Page
OPS-D-1 12-00	Common Policy Declarations
UTS-SP-2 12-95	Schedule Of Forms and Endorsements
UTS-SP-3 8-96	Locations Schedule
UTS-85g 2-98	Animal Excl

GENERAL LIABILITY FORMS

CLS-SD-1L 8-01	GL Supplemental Dec
CLS-SP-1L 10-93	GL Ext Supplemental Dec
CG 00 01 12-07	General Liab Cov
CG 20 02 11-85	AI-Club Members
CG 20 11 1-96	AI-Managers or Lessors of Prem
CG 21 01 11-85	Excl-Athletic-Sports Partic
CG 21 16 7-98	Excl-Designated Prof Services
CG 21 44 7-98	Designated Premises Limitation
CG 21 49 9-99	Total Pollution Excl
CG 21 73 1-08	Exclusion-Certified Acts Of Terrorism
CG 24 07 1-96	Prod-Comp Ops Haz Redefined
CG 24 26 7-04	Amend Of Insured Contract Definition
GLS-5s 4-08	Special Event Participant Excl
GLS-44s 2-08	Sexual-Physical Abuse Liab Cov
GLS-45s 8-04	Sexual-Physical Abuse Excl
GLS-106s 5-93	Total Liquor Liab Excl
GLS-223s 9-99	Spec Event Cov-Mobile Equip
GLS-227s 2-07	Assault And/Or Battery Excl
GLS-289s 11-07	Known Injury/Dmg Excl-Personal/Advertise Injury
UTS-128s 10-07	Optional Provisions Endt
UTS-246s 9-08	Amend Endts No Med Pay Excl

STATE FORMS

CG 32 34 1-05	CA-Changes
UTS-253-CA 1-97	CA-Amendatory Endorsement

POLICYHOLDER NOTICES

NOTX0178CW 2-06	Claim Reporting Information
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ADDITIONAL FORMS

SLA-D2 (1-1-2009)



SCOTTSDALE INSURANCE COMPANY®
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS

Policy No. CPS1116729 Effective Date 12/01/2009
 12:01 A.M., Standard Time

Named Insured JEEPERS JAMBOREE & JEEP JAMBOREE INC Agent No. 04071

Item 1. Limits of Insurance	
Coverage	Limit of Liability
Aggregate Limits of Liability	Products/ Completed Operations Aggregate \$ <u>2,000,000</u> General Aggregate (other than Products/ Completed Operations) \$ <u>2,000,000</u>
Coverage A - Bodily Injury and Property Damage Liability	any one occurrence subject to the Products/ Completed Operations and General Aggregate Limits of Liability \$ <u>1,000,000</u> any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability \$ <u>100,000</u>
Damage to Premises Rented to You Limit	
Coverage B - Personal and Advertising Injury Liability	any one person or organization subject to the General Aggregate Limits of Liability \$ <u>1,000,000</u>
Coverage C - Medical Payments	any one person subject to the Coverage A occurrence and the General Aggregate Limits \$ <u>5,000</u>
Item 2. Description of Business	
Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company) Location of All Premises You Own, Rent or Occupy: PER LOCATION SCHEDULE	
Item 3. Forms and Endorsements	
Form(s) and Endorsement(s) made a part of this policy at time of issue: See Schedule of Forms and Endorsements	
Item 4. Premiums	
Coverage Part Premium:	\$ 3,491
Other Premium: ADDITIONAL INSURED FULLY EARNED	\$ 200
Total Premium:	\$ 3,691

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.