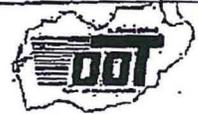


COUNTY OF EL DORADO DEPARTMENT OF TRANSPORTATION



APPLICATION FOR PARADE PERMIT

THIS APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE PARADE DATE

APPLICATION RECEIVED BY: JA

DATE: 7/2/13

TITLE OF EVENT: Jeepers Jamboree & Jeep Jamboree

SPONSORING ORGANIZATION: Jeepers Jamboree & Jeep Jamboree, Inc.

DATE OF PARADE: Wed July 24 - Mon July 29 & Thru August 1 - Monday August 5

ESTIMATED NUMBER OF PARTICIPANTS (including animals, etc.): 800 people 400 vehicles

INTERVALS BETWEEN UNITS OF PARADE:

START TIME: 10 AM COMPLETION TIME: 12 PM

ASSEMBLY TIME & LOCATION:

ROAD(S) TO BE TRAVELED OR OCCUPIED: Yubion Trail Road from Westworth Springs & Lion Lake to Carlo Creek & thence East to Placer Canyon Lake

SUBMITTED BY: Jeepers Jamboree

DATE: 4/3/13

CONTACT PERSON: Lacey Stiles

PHONE/FAX: 530-333-4771 FAX 530-333-0245

ADDRESS: PO Box 900, Georgetown, CA 95029

THE FOLLOWING CONDITIONS ARE REQUIRED FOR ALL PARADES:

1. The organizers shall provide a detailed signing and detour plan for any proposed parade on a 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 be responsible for providing all signs, barricades, cones, flaggers, and traffic controls.
3. 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.
4. 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.
5. 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 but not limited to workers, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the work by 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 defend set forth in California Civil Code Section 2778.

SIGNATURE: Jacey Stiles

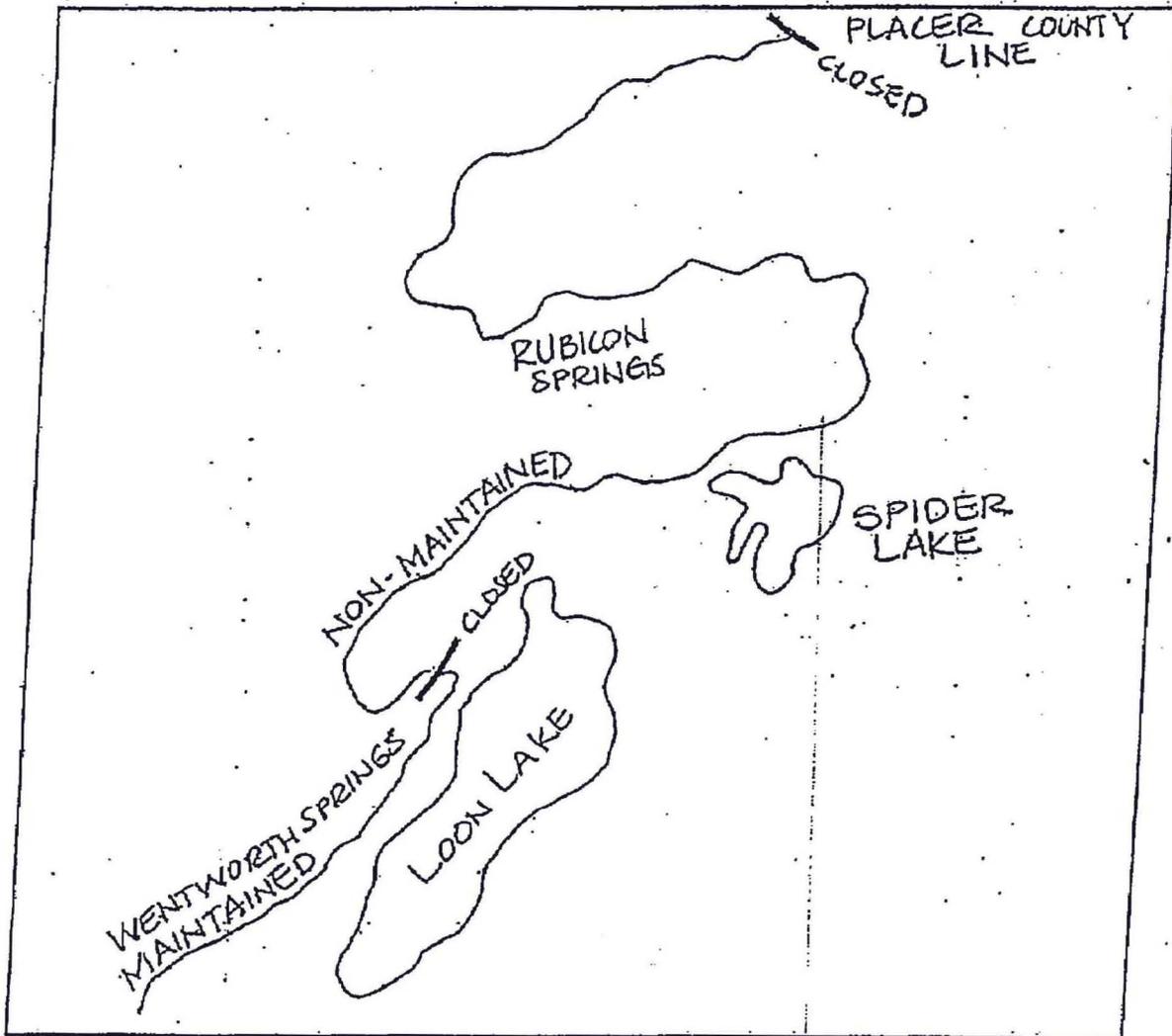
DATE: 4/3/13

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

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.

COMMON POLICY DECLARATIONS

RENEWAL OF
CPS1450707



SCOTTSDALE INSURANCE COMPANY®

Policy Number
CPS1703428

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 BURN & WILCOX CENTER
7575 N. PALM AVE.
FRESNO, CA 93711

Agent No.: 04071 Program No.: AT/CT

ITEM 2. Policy Period From: 12/01/2012 To: 12/01/2013 Term: 365 DAYS

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

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 Summary
Commercial General Liability Coverage Part	\$ <u>3,431</u>
Commercial Property Coverage Part	\$ <u>NOT COVERED</u>
Commercial Crime And Fidelity Coverage Part	\$ <u>NOT COVERED</u>
Commercial Inland Marine Coverage Part	\$ <u>NOT COVERED</u>
Commercial Auto Coverage Part	\$ <u>NOT COVERED</u>
Professional Liability Coverage Part	\$ <u>NOT COVERED</u>
	\$ _____
	\$ _____
	\$ _____
Total Policy Premium:	\$ <u>3,431.00</u>
	\$ _____
	\$ _____
SURPLUS LINES TAX	\$ <u>102.93</u>
STAMPING FEE	\$ <u>8.58</u>
	\$ _____
	\$ _____
Policy Total:	\$ <u>3,542.51</u>

Form(s) and Endorsement(s) made a part of this policy at time of issue: *Burns & Wilcox Broker Fee* +250.00
SEE SCHEDULE OF FORMS AND ENDORSEMENTS 3792.51 ✓

K. WHITE
12/17/2012

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®
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS

Policy No. CPS1703428 Effective Date 12/01/2012
 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>
Damage to Premises Rented to You Limit	any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability \$ <u>100,000</u>
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: See Schedule of Locations	
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:	\$ 3,231
Other Premium: ADDITIONAL INSURED FULLY EARNED	\$ 200
Total Premium:	\$ 3,431

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

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			
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Inception Date 12/1/2012</td> <td style="width: 50%; padding: 2px;">Expiration Date 12/1/2013</td> </tr> </table>	Inception Date 12/1/2012	Expiration Date 12/1/2013
Inception Date 12/1/2012	Expiration Date 12/1/2013		
Endorsement Effective 5/22/2013	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Policy Number CPS1703428</td> <td style="width: 50%; padding: 2px;">Endorsement # 3</td> </tr> </table>	Policy Number CPS1703428	Endorsement # 3
Policy Number CPS1703428	Endorsement # 3		
Named Insured Jeepers Jamboree & Jeep Jamboree Inc	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; padding: 2px;"> <i>Ersilia Norton</i> Countersigned By </td> </tr> </table>		<i>Ersilia Norton</i> Countersigned By
	<i>Ersilia Norton</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 the attached form, CG 20 11, is revised and amended to read:

The County of El Dorado, its officers, employees, volunteers and officials to be included as additional insured
 Attn: Sheri Woodford
 2850 Fairlane Court
 Placerville, CA 95667

All other terms and conditions remain unchanged.

PREMIUM.....:	\$ 0.00
FEES.....:	\$ 0.00
TAX.....:	\$ 0.00
FILING FEE...:	\$ 0.00
FIRE MARSHALL: \$	0.00
STAMPING FEE.: \$	0.00
TOTAL.....:	\$ 0.00

jmbills 7/3/2013

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 05/22/2013 12:01 A.M. standard time	Policy No. CPS1703428
Named Insured JEEPERS JAMBOREE & JEEP JAMBOREE INC	Countersigned by

(Authorized Representative)

SCHEDULE

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

JULY 25 - JULY 29 AND AUG. 2 - AUG 5, 2013
TRIPS & MONDAYS

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

The County of El Dorado, Its officers, employees, volunteers and officials to be included as additional insured
2850 Fairlane Court Placerville, CA 95667

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.