

COMMUNITY DEVELOPMENT AGENCY TRANSPORTATION DIVISION

<http://www.cdcgov.us/DOI/>

PLACERVILLE OFFICES:

MAIN OFFICE:
2880 Fabians Court, Placerville, CA 95667
(530) 621-6941 / (530) 621-2030 Fax
CONSTRUCTION & MAINTENANCE:
2441 Headington Road, Placerville, CA 95657
(530) 642-4909 / (530) 642-0508 Fax

LAKE TAHOE OFFICES:

ENGINEERING:
924 B Emerald Bay Road, South Lake Tahoe, CA 96150
(530) 573-7900 / (530) 541-7043 Fax
MAINTENANCE:
1121 Shakori Drive, South Lake Tahoe, CA 96150
(530) 573-3180 / (530) 577-8402 Fax

APPLICATION FOR CYCLING, RUNNING OR PARADE PERMIT

THIS APPLICATION MUST BE SUBMITTED AT LEAST 90 DAYS PRIOR TO THE EVENT DATE

APPLICATION RECEIVED BY: _____ DATE: _____

TITLE OF EVENT: Jeepers Jamboree & Jeep Jamboree, Inc.

TYPE OF EVENT: Guided Off Road Trips 62 years

SPONSORING ORGANIZATION: Jeepers Jamboree & Jeep Jamboree, Inc.

ESTIMATED NUMBER OF PARTICIPANTS: 800 Participants 400 vehicles

DATE OF EVENT: Wed July 23 - Mon July 28 & Thurs July 31 - Mon Aug 4

START TIME: 6AM COMPLETION TIME: Midnight

ROAD(S) TO BE TRAVELED OR OCCUPIED: Rubicon Trail Road from Wentworth Springs & Loon Lake to Berle Creek & thence East to Placer County line.

CONTACT PERSON: Lacey Stiles DATE: 3/5/2014

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

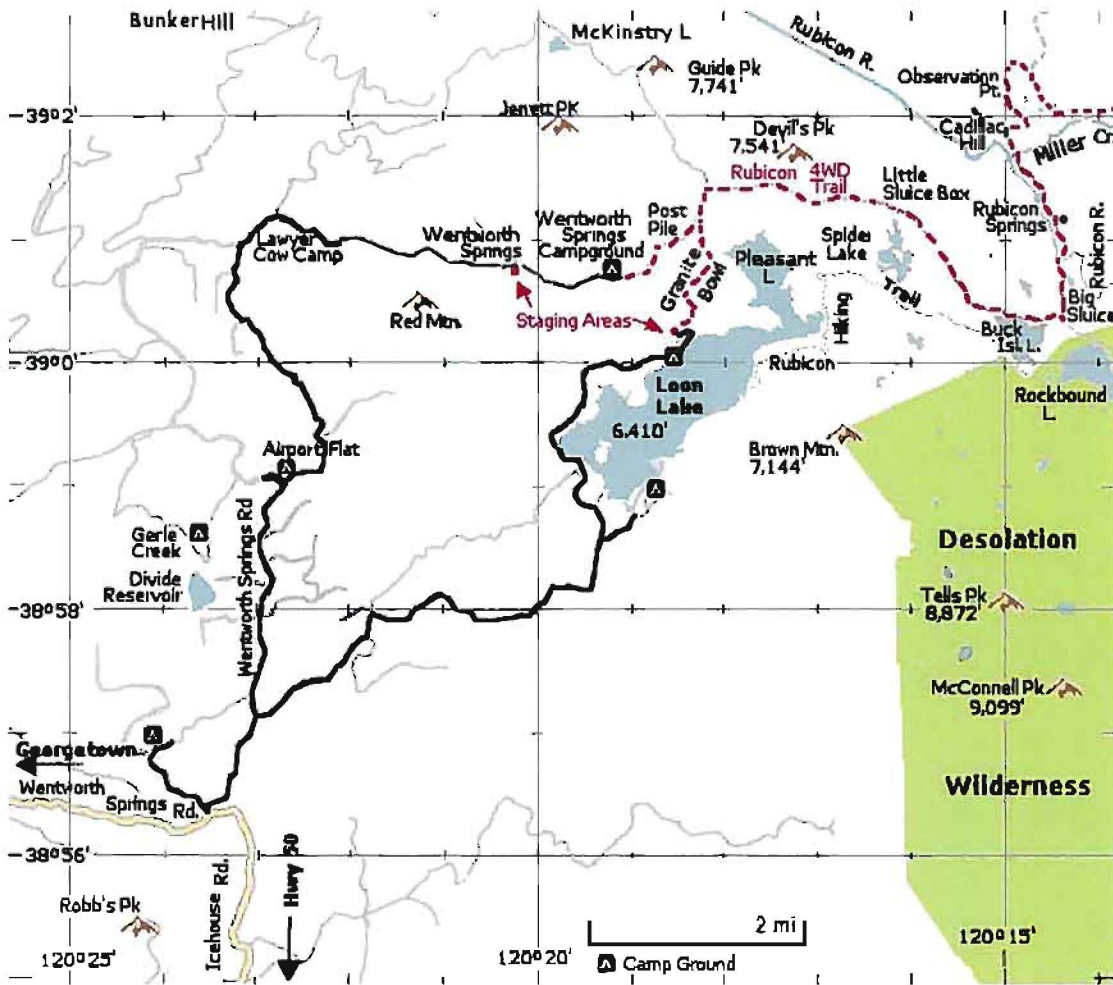
ADDRESS: PO Box 900, 6275 Main St Georgetown, CA 95134

EMAIL: mail@jeepersjamboree.com

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.

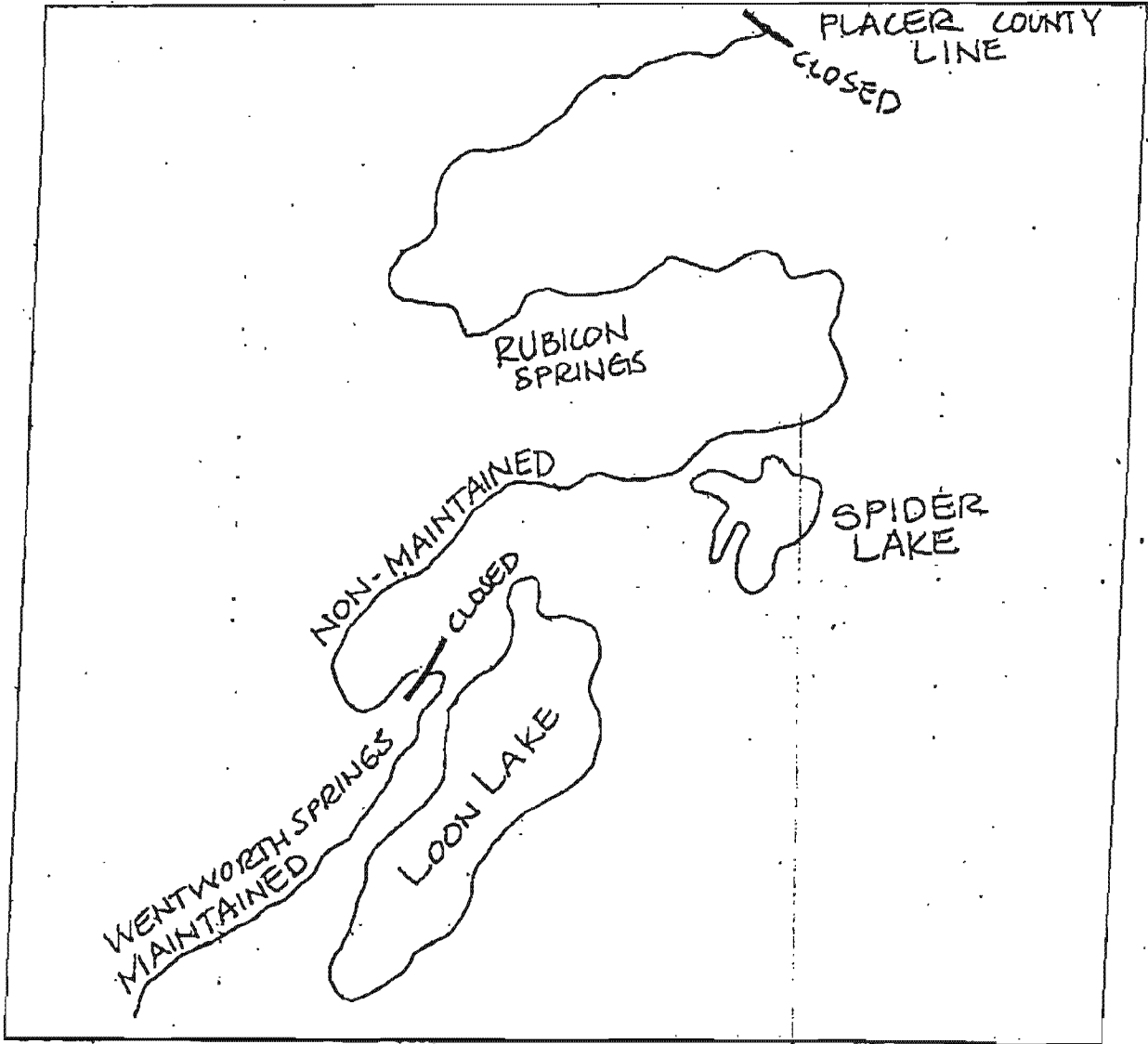
I HAVE READ, ACKNOWLEDGE AND AGREE TO THE ABOVE CONDITION WITH REGARD TO THIS PARADE.

SIGNATURE/TITLE: [Signature] President DATE: 3/5/2014
MUST BE ON BOARD OF DIRECTORS TO SIGN



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: 02

DATE (MM/DD/YYYY)
06/16/2014

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 Seabury, Copland & Anderson P.O. Box 116a Madera, CA 93639 Steve Copland	CONTACT NAME: Steve Copland	
	PHONE (A/C No. Ext): 559-673-7027 FAX (A/C No.): 559-673-9210	
	E-MAIL ADDRESS: steve@seaburycopland.com	
	PRODUCER CUSTOMER ID #: JEEPE-1	
INSURED Jeepers Jamboree and Jeep Jamboree Inc. P.O. Box 900 Georgetown, CA 95834	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Scottsdale Insurance Co.	15580
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES 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 CTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		CPS1860661	12/01/2013	12/01/2014	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (See separate page) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/PROP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is named as Additional Insured pertaining to form CG 20 11 04 13.

CERTIFICATE HOLDER County of El Dorado Dept. of Transportation Sheri Woodford 2850 Fairlane Court Placerville, CA 95667	CANCELLATION 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 <i>Steve Copland</i>

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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 12/1/2013</td> <td style="width: 50%; padding: 2px;">Expiration Date 12/1/2014</td> </tr> </table>	Inception Date 12/1/2013	Expiration Date 12/1/2014
Inception Date 12/1/2013	Expiration Date 12/1/2014			
Endorsement Effective 6/13/2014	Policy Number CPS1860561	Endorsement # 4		
Named Insured Jeepers Jamboree & Jeep Jamboree Inc.	<i>Karen White</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 Endorsement #3, and the corresponding form CG 2011, is now corrected to read:

The County of El Dorado, its officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this agreement are concerned. This provision shall apply to the general liability policy. The insurance company shall give 30 days prior written notice to the authorized officer of cancellation of any modifications to the policies.

Attn: Sheri Woodford
Senior Development Technician
Transportation Division, Community Development Agency
2850 Fairlane Court
Placerville, Ca 95667
530-621-5941

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 6/16/2014

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You): JULY 23, 2014 (ROAD CLOSURE MAIN ST.) VENDOR SKOW JULY 24-27, 2014 AND AUG, 1-3, 2014
Name Of Person(s) Or Organization(s) (Additional Insured): ** See Below
Additional Premium: \$ Previously Charged
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 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(s) or organization(s) shown in the Schedule.

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.

The County of El Dorado, its officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this agreement are concerned. This provision shall apply to the general liability policy. The insurance company shall give 30 days prior written notice to the authorized officer of cancellation of any modifications to the policies.

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 Transportation Division, Community Development Agency
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