



County of El Dorado
Community Development Agency
Transportation Division

RECEIVED
DOT

2016 SEP 12 AM 11:36

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: Parade of Lights

TYPE OF EVENT: Tree raising and parade

SPONSORING ORGANIZATION: Georgetown Divide Rotary

ESTIMATED NUMBER OF PARTICIPANTS: 300 - 400

DATE OF EVENT: December 3rd 2016 Saturday

START TIME: 3pm COMPLETION TIME: 8pm

ROAD(S) TO BE TRAVELED OR OCCUPIED: Main st. from Hwy 193 to Harkness, Harkness from 6st. to Main st.

CONTACT PERSON: Dena Smeets DATE: _____

PHONE: 334-3063 FAX: _____

ADDRESS: 2000 Frog Pond Lane - Georgetown 95634

EMAIL: 2 Smeets@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: Dena Smeets P.E. DATE: July 23, 2017

MUST BE ON BOARD OF DIRECTORS TO SIGN

Merchant approval signatures in County file.



CERTIFICATE OF LIABILITY INSURANCE

7/1/2017

DATE (MM/DD/YYYY)
12/03/2016

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		NAIC #
INSURED 1393456 All Active US Rotary Clubs & Districts Attn: Risk Management Department 1560 Sherman Ave. Evanston, IL 60201-3698	INSURER A: Lexington Insurance Company		19437
	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 SUBR INSD 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 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	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
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	NOT APPLICABLE			PER STATUTE 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 D.O.T."The County of El Dorado, its officers, officials, employees and volunteers" El Dorado County, 2850 Fairlane Ct. Placerville, CA.95667 Parade of Lights, 12/03/2016, rain date 12/10/2016 Georgetown Divide Rotary Club P.O. Box 555, Georgetown, CA. 95634 District 5190	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 
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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 Clubs of Georgetown Divide CA)
Parade of Lights, December 3, 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



Sheri Woodford <sheri.woodford@edcgov.us>

Re: Parade of Lights, Georgetown Road Closure

1 message

Marco Sandoval <marco.sandoval@edcgov.us>

Wed, Sep 21, 2016 at 3:58 PM

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

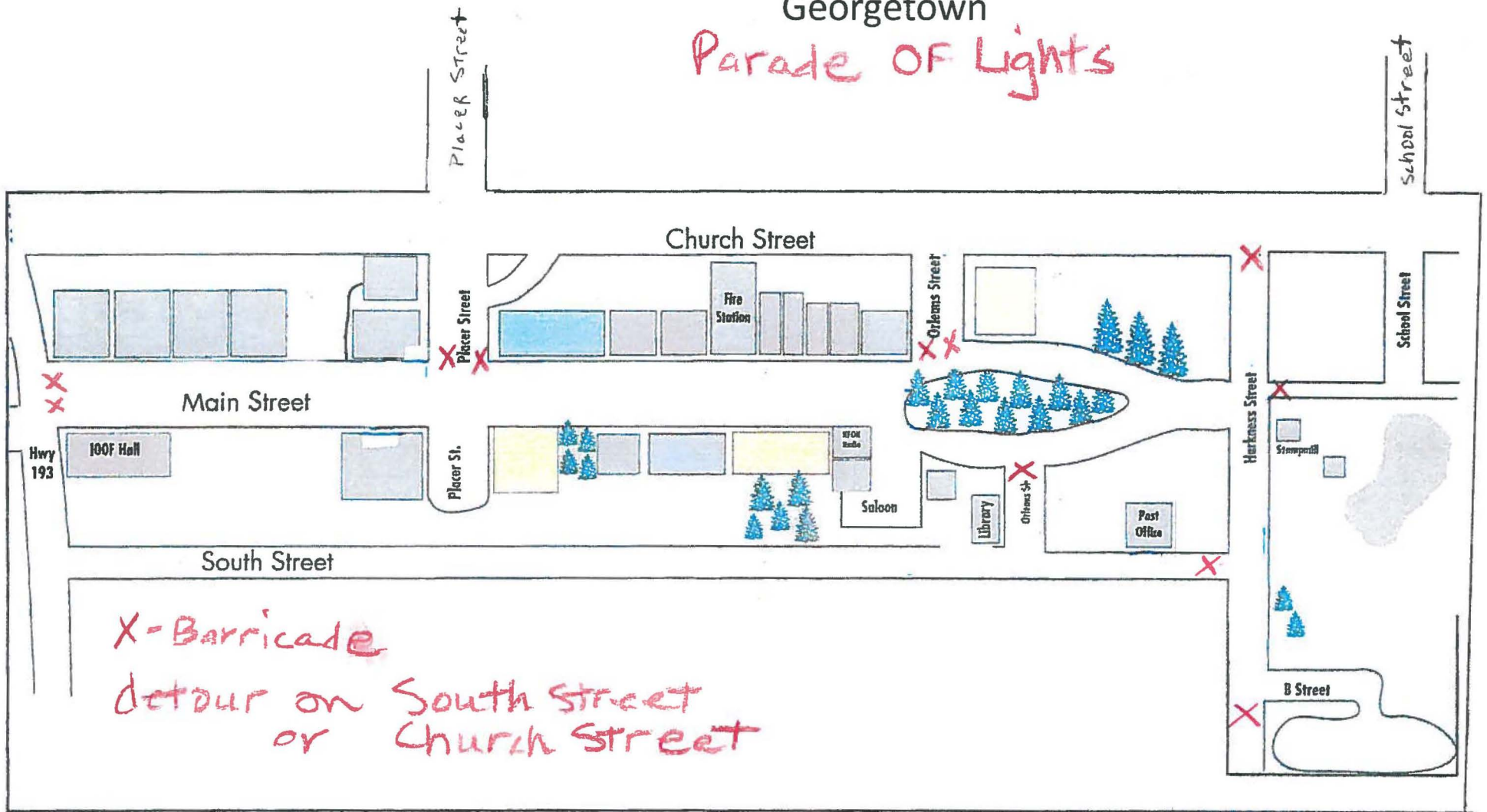
Looks fine from my end - Risk.

On Sep 21, 2016 3:07 PM, "Sheri Woodford" <sheri.woodford@edcgov.us> wrote:
For your review.

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

Georgetown Parade OF Lights



Vicinity Map Georgetown

