

### COUNTY OF EL DORADO DEPARTMENT OF TRANSPORTATION



#### APPLICATION FOR ROAD CLOSURE

THIS APPLICATION MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO THE ROAD CLOSURE DATE

APPLICATION RECEIVED BY: SW DATE: 5/9/11  
 TITLE OF EVENT: 4TH OF July PARADE  
 TYPE OF EVENT: PARADE  
 SPONSORING ORGANIZATION: Pollock Pines Camion Community Center  
 ESTIMATED NUMBER OF PARTICIPANTS: 100  
 DATE OF ROAD CLOSURE: 7/4/11 Monday  
 START TIME: 11:30 COMPLETION TIME: 1:00  
 ROAD(S) TO BE CLOSED: Pony Express Tr. From Sky Park To Sandres

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

SUBMITTED BY: Michelle HAMMETT DATE: 4/25/2011  
 CONTACT PERSON: Michelle HAMMETT PHONE/FAX: 530-303-3189  
 ADDRESS: P.O. Box 1422 Pollock Pines 95726 530-303-3190 Fax

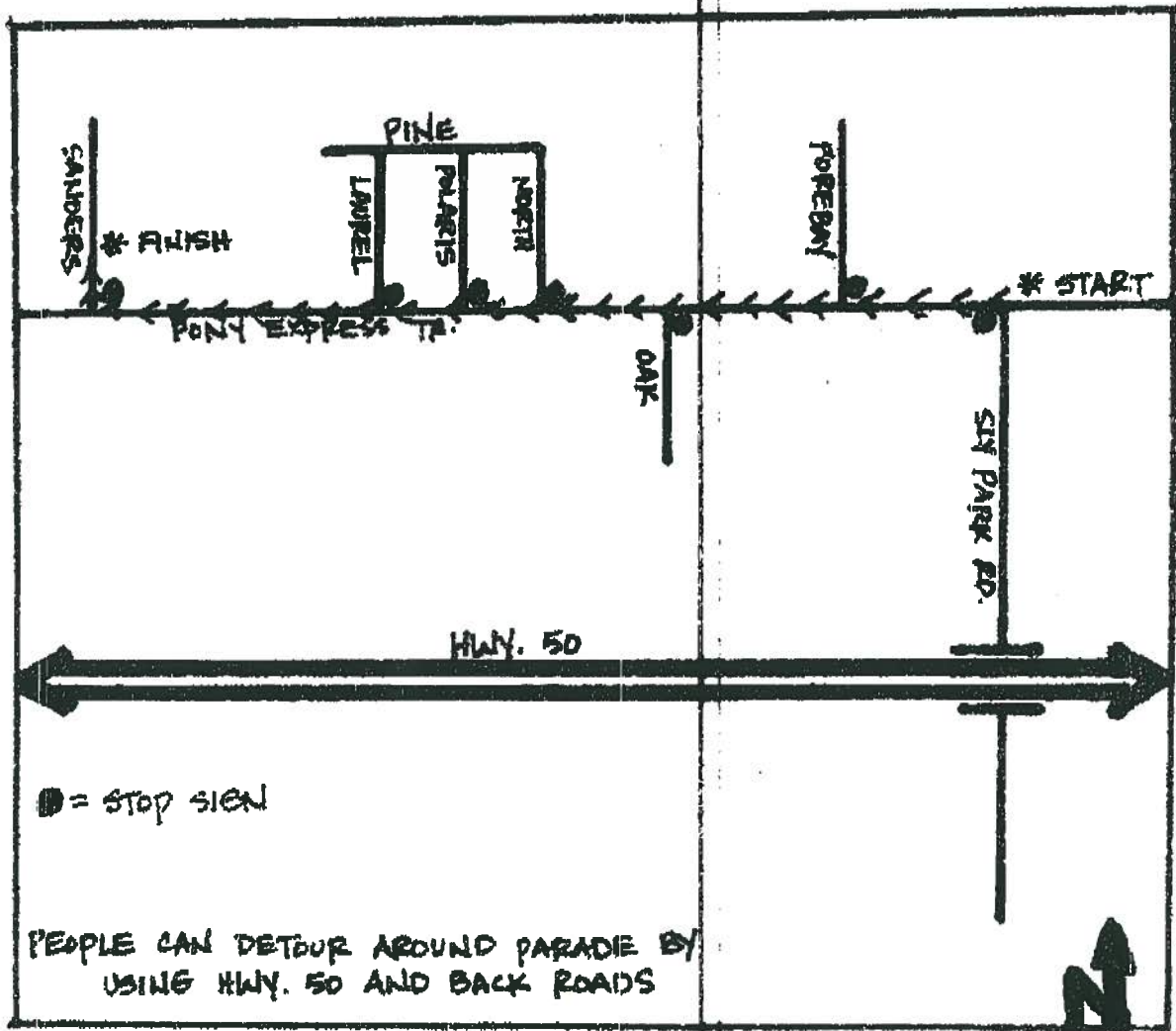
#### THE FOLLOWING CONDITIONS ARE REQUIRED FOR ALL ROAD CLOSURES:

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: 4/25/2011

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

# SKETCH FOR ROAD CLOSURES AND PARADES



\* Forebay Rd detour will be Blair Rd onto Pony Express Farther down beyond Rd Closure.

\* Slypark Rd detour will be Ridgeway Drive onto the first off ramp for Pollock Pines. or they can get on Hwy 50 going west.

\* North st, Polaris, Laurel & Pine have No detour. Oak st. also has no detour.

# SUPPLEMENTAL SHEET FOR ROAD CLOSURES AND PARADES

STARTING TIME: 12:00 NOON COMPLETION TIME: 12:15  
Pony Express TR. BETWEEN 514 PARK & FORBAY

STARTING TIME: 12:15 COMPLETION TIME: 12:25  
Pony Express TR. BETWEEN 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 & LAUREL

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: \_\_\_\_\_  
\_\_\_\_\_ BETWEEN \_\_\_\_\_

STARTING TIME: \_\_\_\_\_ COMPLETION TIME: \_\_\_\_\_  
\_\_\_\_\_ BETWEEN \_\_\_\_\_

STARTING TIME: \_\_\_\_\_ COMPLETION TIME: \_\_\_\_\_  
\_\_\_\_\_ BETWEEN \_\_\_\_\_

STARTING TIME: \_\_\_\_\_ COMPLETION TIME: \_\_\_\_\_  
\_\_\_\_\_ BETWEEN \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/05/11

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).

<b>PRODUCER</b> ISU Insurance Services Atwood Agency 800 Pacific Street Placerville, CA 95667 Alaina Bosold	530-626-2533	<b>CONTACT NAME:</b> Alaina Bosold <b>PHONE (A/C, No, Ext):</b> 530-626-2533 <b>E-MAIL ADDRESS:</b> abosold@atwoodins.com <b>PRODUCER CUSTOMER ID #:</b> POLLO-3	<b>FAX (A/C, No):</b> 530-626-2539
	530-622-5221		
<b>INSURED</b> Pollock Pines Camino Community Center Association PO Box 1195 Pollock Pines, CA 95726	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Travelers Property &amp; Casualty</b>		19070
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		660340M5236TIL10	11/09/10	11/09/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			660340M5236TIL10	11/09/10	11/09/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE 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	Y/N		N/A			WC STATU-TORY LIMITS 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 in regards to the 4th of July Parade 2011 on Pony Express Trail, Pollock Pines, CA .95726						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate holder is named as additional insured in regards to the 4th of July Parade 2011 on Pony Express Trail, Pollock Pines, CA .95726

<b>CERTIFICATE HOLDER</b>  El Dorado County Department of Transportation 2850 Fair Lane Placerville, CA 95667	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 