



COMMUNITY DEVELOPMENT AGENCY

TRANSPORTATION DIVISION

<http://www.edcgov.us/DOT/>

PLACERVILLE OFFICES:

MAIN OFFICE:
2850 Fairlane Court, Placerville, CA 95667
(530) 621-5941 / (530) 621-2030 Fax

CONSTRUCTION & MAINTENANCE:
2441 Headington Road, Placerville, CA 95667
(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) 541-7049 Fax

MAINTENANCE:
1121 Shakori Drive, South Lake Tahoe, CA 96150
(530) 573-3180 / (530) 577-8402 Fax

APPLICATION FOR PARADE PERMIT

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

APPLICATION RECEIVED BY: _____ DATE: _____

TITLE OF EVENT: Sugarloaf Stampede Run

TYPE OF EVENT: Fundraising Run

SPONSORING ORGANIZATION: Sugarloaf Station Foundation/EDCOE

ESTIMATED NUMBER OF PARTICIPANTS: 250

DATE OF PARADE: 4-18-15 April 18 Saturday

START TIME: 8:00 AM COMPLETION TIME: 11:00 AM

ROAD(S) TO BE TRAVELED OR OCCUPIED: Jacquier Road from Smith Flat Road to Camellia Lane

CONTACT PERSON: Coleen Johnson DATE: _____

PHONE: 295-2219 FAX: 621-1395

ADDRESS: 6767 Green Valley Rd. Placerville, CA 95667

EMAIL: cjohnson@edcoe.org

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: 4/16/15

MUST BE ON BOARD OF DIRECTORS TO SIGN

ADDENDUM TO PARADE PERMIT APPLICATION – County of El Dorado

This running event is a fundraiser for the Sugarloaf Station Foundation. The event will consist of three course lengths: 5K, 10K, and 10 miles on the Eastern section of the El Dorado Trail beginning on the trail below Schnell School (permit to be filed with the City of Placerville) to the Jacquier Road (Camellia Lane) trailhead. Runners will cross from the lower section of the trail onto Jacquier Road, into the parking lot at Camellia Lane and 3.5 miles East to Halcon Road. We hope to have approximately 350 runners.

1. Attached is a map indicating where a road closure is being requested. Runners will run up the trail from Schnell School and cross Jacquier Road and then on to the trail. The roads will not be closed to residents.
2. We will request assistance from the El Dorado County Explorers to help provide crossing guards for each major cross road as shown on the map.
3. Flaggers will monitor and direct traffic flow.
4. Traffic will be stopped beginning at 8:00 AM (start time for the 10 milers).
5. Flaggers and cones will be located at each intersection:
 - a. Camellia Lane/Jacquier Road
 - b. Jacquier Road/Smith Flat Road
 - c. Smith Flat Road/Smith Flat Schools Road
6. Signage indicating the date and time of the road closures for the event will be posted at the following locations one week prior to the event (no later than April 4, 2015):
 - a. At the west trailhead entering Smith Flat Road
 - b. In the Camellia Lane parking lot
 - c. Near each intersection:
 - i. Camellia Lane/Jacquier Road
 - ii. Jacquier Road/Smith Flat Road
 - iii. Smith Flat Road/Smith Flat Schools Road

Please feel free to contact Coleen Johnson at (530) 295-2219 if you have any questions.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/20/2014

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945 Phone: (530) 477-6521 Email: info@theeventhelper.com	THIS CERTIFICATION 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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Sugarloaf Station Foundation Holmes 6787 Green Valley Road Placerville, CA 95667	INSURER A: Essex Insurance Company	39020
	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 LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC Retail Liquor Liability	3DS5402-M671538	04/18/2015	04/19/2015	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE	\$ 2,000,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 2,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
						DEDUCTIBLE	\$ 1,000
							\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				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 / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.

CERTIFICATE HOLDER County of El Dorado Chief Administrative Office, Parks Div. 330 Fair Lane Bldg A 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 <u>30</u> 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 <i>Will Maddux</i>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
The County of El Dorado, its officers, officials, employees and volunteers.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

SUGARLOAF STAMPEDE RUN

