



**COUNTY OF EL DORADO
DEPARTMENT OF TRANSPORTATION**



APPLICATION FOR ROAD CLOSURE

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

APPLICATION RECEIVED BY: Sow DATE: 12-8-10
 TITLE OF EVENT: Show Love Fun Run
 TYPE OF EVENT: 5K run / fundraiser for adoption
 SPONSORING ORGANIZATION: Church of the Foothills
 ESTIMATED NUMBER OF PARTICIPANTS: 200
 DATE OF ROAD CLOSURE: Feb 12, 2011
 START TIME: 9:30 am COMPLETION TIME: 11:00 am
 ROAD(S) TO BE CLOSED: Merrychase Dr, Country Club, El Norte, Montero Rd, Bocana Rd, Castana Rd, Whistlers Bend Way, Corolla Cir, Placitas Dr, Camerra Cir, Galley Cir, Trinidad.
 NOTE: THE ATTACHED SUPPLEMENTAL SHEET AND SKETCH SHALL BE COMPLETED IF MORE THAN ONE COUNTY ROAD IS TO BE CLOSED
 SUBMITTED BY: Chris & Nicole O'Meara DATE: 12/8/10
 CONTACT PERSON: Chris & Nicole O'Meara PHONE/FAX: 530-672-4240
 ADDRESS: 7070 Sinclair Dr, Camerra Park, CA 95682

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 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: Nicole O'Meara DATE: 08 Dec 10

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

SUPPLEMENTAL SHEET FOR ROAD CLOSURES AND PARADES

STARTING TIME: 9:30am COMPLETION TIME: 11:00am
Merrychase (from Christa McAnulty to Country Club) BETWEEN 9:30-10:45

STARTING TIME: _____ COMPLETION TIME: _____
Galley Circle BETWEEN 9:30-9:45

STARTING TIME: _____ COMPLETION TIME: _____
Trinidad ~~State~~ Drive BETWEEN 9:30-9:45

STARTING TIME: _____ COMPLETION TIME: _____
El Norte Rd. (4 crossing Country Club) BETWEEN 9:30-9:55

STARTING TIME: _____ COMPLETION TIME: _____
Monterey Rd. BETWEEN 9:30-9:55

STARTING TIME: _____ COMPLETION TIME: _____
Covello Circle BETWEEN 9:30-10:25

STARTING TIME: _____ COMPLETION TIME: _____
Bocana Rd. BETWEEN 9:35-10:10

STARTING TIME: _____ COMPLETION TIME: _____
Aventine Rd. BETWEEN 9:35-10:10

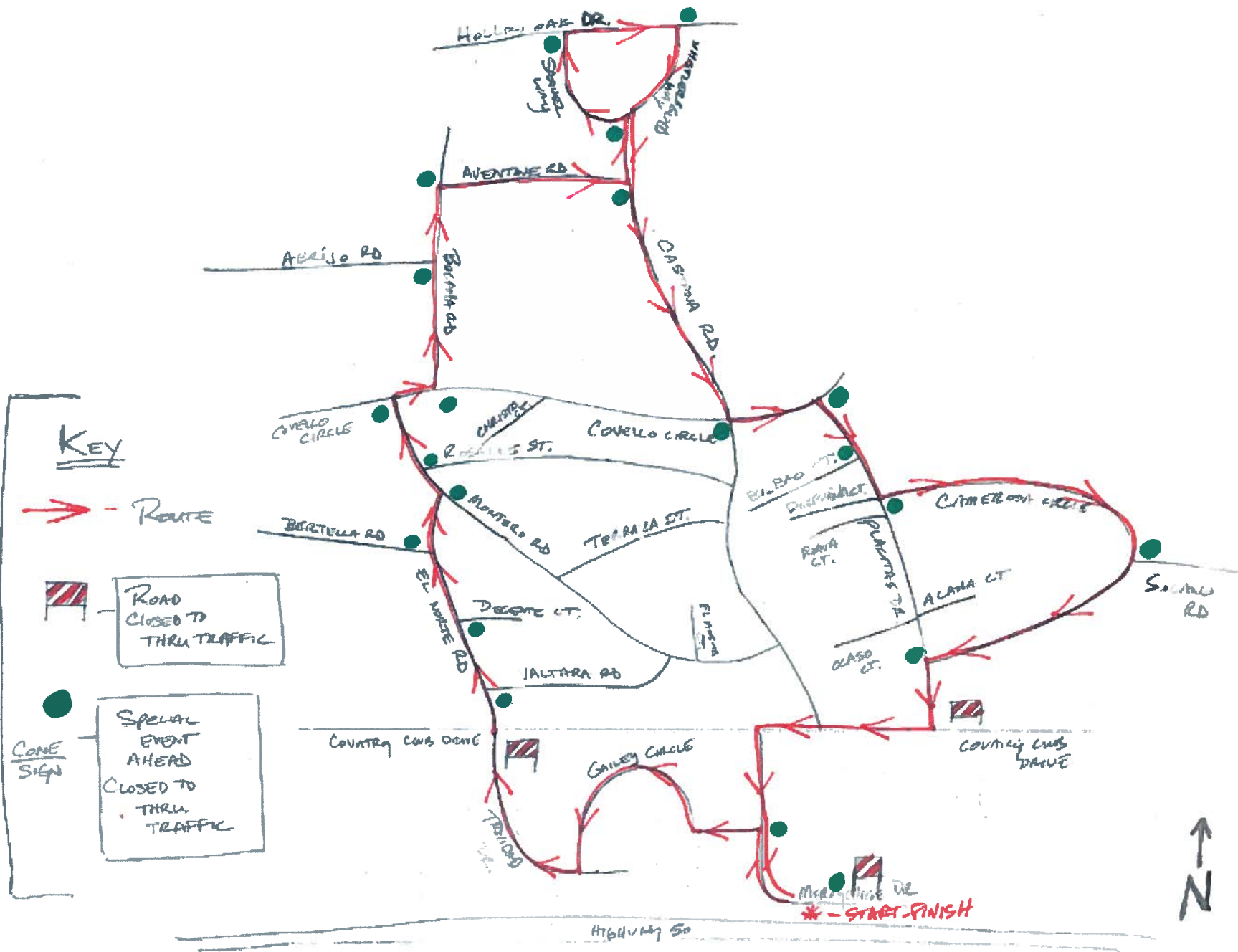
STARTING TIME: _____ COMPLETION TIME: _____
Castana Rd. BETWEEN 9:35-10:25

STARTING TIME: _____ COMPLETION TIME: _____
Whistlers Bend Way BETWEEN 9:40-10:30
w/Hollow Oak Dr. & Whiskey Drift Way

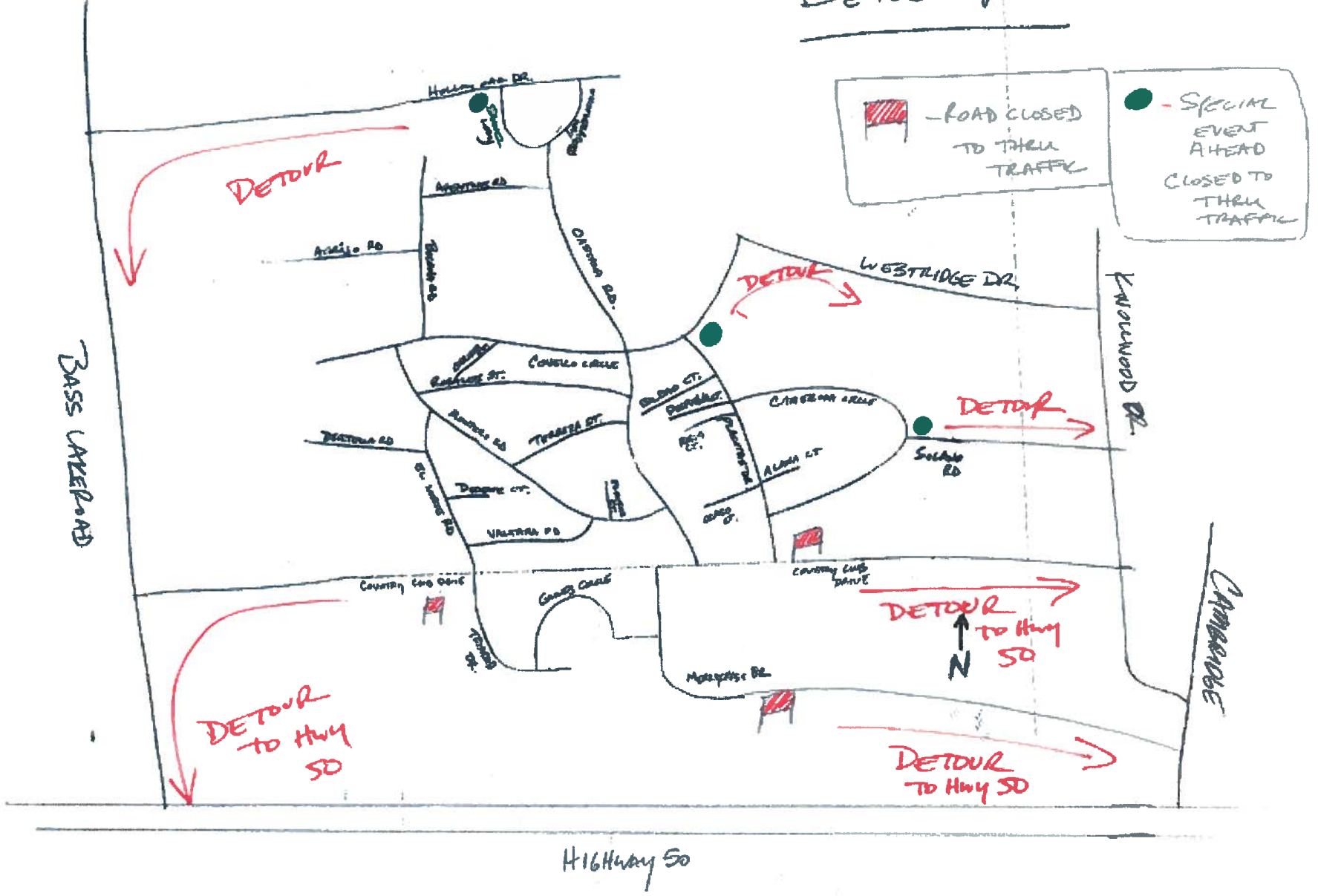
STARTING TIME: _____ COMPLETION TIME: _____
Placitas Dr. BETWEEN 9:40-10:40

STARTING TIME: _____ COMPLETION TIME: _____
Camerasa Circle BETWEEN 9:40-10:40

STARTING TIME: _____ COMPLETION TIME: _____
Country Club Dr. (from Placitas to Merrychase) BETWEEN 9:40-10:40



DETOUR PLAN



ACORD™**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/03/2010

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 K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		CONTACT NAME: Mass Merch Underwriting PHONE: (A/C, No. Ext): 888-580-8041 FAX: (A/C, No): 260-459-5995 E-MAIL ADDRESS: KK_MassMerchandising@kandkinsurance.com PRODUCER CUSTOMER ID #:	
INSURED Christopher and Nicole O'Meara 7070 Sinclair Drive Cameron Park, CA 95682 A Member of the Sports, Leisure & Entertainment RPG		INSURER(S) AFFORDING COVERAGE INSURER A: Nationwide Mutual Insurance Company NAIC # 23787 INSURER B: INSURER C: INSURER D:	

COVERAGES **CERTIFICATE NUMBER: W00055191** **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/YY)	POLICY EXP (MM/DD/YY)	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"/> PROJECT <input type="checkbox"/> LOC			6BRPG000004798600	02/12/2011 12:01 AM EDT	02/13/2011 12:01 AM	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS-COMP/OP AGG	\$1,000,000
							PROFESSIONAL LIABILITY	
							LEGAL LIAB TO PARTICIPANTS	\$1,000,000
	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 <input type="checkbox"/> Not provided while in Hawaii						COMBINED SINGLE LIMIT (Ea Accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORSHIP/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	MEDICAL PAYMENTS FOR PARTICIPANTS			6BRPG000004798600	02/12/2011 12:01 AM EDT	02/13/2011 12:01 AM	PRIMARY MEDICAL	
							EXCESS MEDICAL	\$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Event Name: Show Love Fun Run Event Date: 02/12/2011 to 02/12/2011

Event Location: 2380 Merrychase Drive, Cameron Park, California 95682

The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured named above.

CERTIFICATE HOLDER

El Dorado County Department of Transportation
 2850 Fairlane Court
 Placerville, CA 95667
 (Owner/Lessor of Premises)

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

Scott ...

Coverage is only extended to U.S. events and activities.

** NOTICE TO TEXAS INSURED: The insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas
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