



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: SW DATE: 3/16/11
TITLE OF EVENT: 2011 Blue Oak Biathlon
TYPE OF EVENT: Biathlon for Elementary School children
SPONSORING ORGANIZATION: Blue Oak PTA, Merrychase Drive, 95682
ESTIMATED NUMBER OF PARTICIPANTS: 100
DATE OF ROAD CLOSURE: May 21, 2011 Saturday
START TIME: 7:00 a.m. COMPLETION TIME: 11:00 a.m.
ROAD(S) TO BE CLOSED: Merrychase Drive from Country Club Drive to the South Entrance to Blue Oak Elementary School.
NOTE: THE ATTACHED SUPPLEMENTAL SHEET AND SKETCH SHALL BE COMPLETED IF MORE THAN ONE COUNTY ROAD IS TO BE CLOSED
SUBMITTED BY: Jennifer Krivanec DATE: 3-16-11
CONTACT PERSON: Jennifer Krivanec PHONE/FAX: 530-391-0774
ADDRESS: 3726 Bufiles Road Drive, Canyon Park, CA 95682

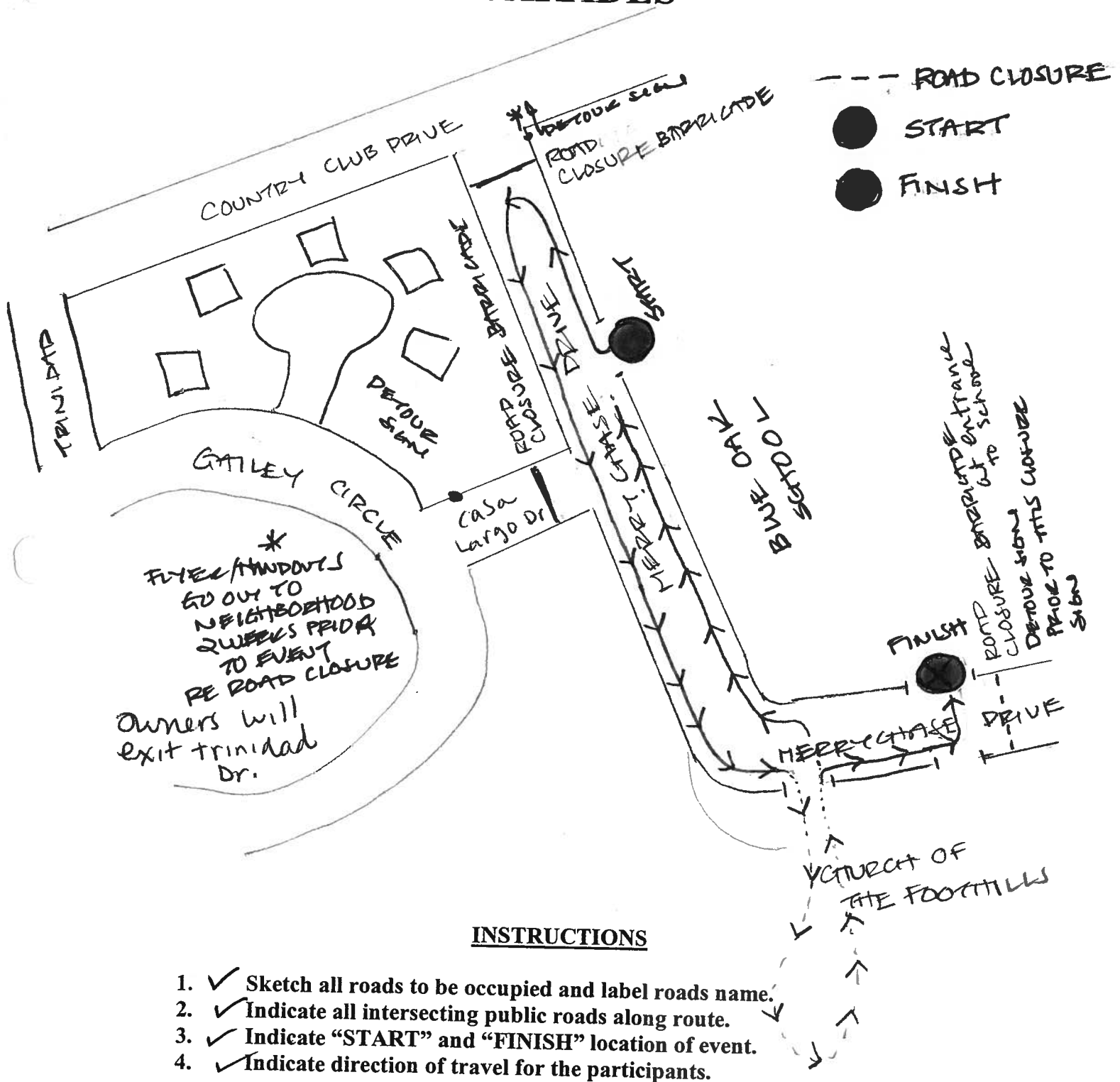
THE FOLLOWING CONDITIONS ARE REQUIRED FOR ALL ROAD CLOSURES:

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: Jennifer Krivanec DATE: 3-10-11

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

SKETCH FOR ROAD CLOSURES AND PARADES



NOTE: This sketch may serve as the "SIGNING/DETOUR PLAN" if it clearly identifies the type and location of all proposed sign, barricades, cones, and flaggers.

SUPPLEMENTAL SHEET FOR ROAD CLOSURES AND PARADES

STARTING TIME: <u>7:00 AM</u>	COMPLETION TIME: <u>11:00 AM</u>
<u>MERRYCHASE</u>	BETWEEN <u>COUNTRY CLUB DRIVE AND MERRYCHASE</u>
STARTING TIME: <u>7:00 AM</u>	COMPLETION TIME: <u>11:00</u>
<u>DALEY</u>	BETWEEN <u>MERRYCHASE AND ENTRANCE TO SATURN CIRCLE</u> (TRINITY OPEN)
STARTING TIME: _____	COMPLETION TIME: _____
_____	BETWEEN _____
STARTING TIME: _____	COMPLETION TIME: _____
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STARTING TIME: _____	COMPLETION TIME: _____
_____	BETWEEN _____
STARTING TIME: _____	COMPLETION TIME: _____
_____	BETWEEN _____

ACORD™

Client#: 1255615

306CALIFCON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/02/2011

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

BB&T

Knight Insurance Services
535 N. Brand Blvd
Glendale, CA 91203

CONTACT NAME: CA PTA Broker

PHONE (A/C, No, Ext): 818 662-4200

FAX (A/C, No):

E-MAIL: capta@bbandt.com

ADDRESS:

PRODUCER

CUSTOMER ID #:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Nonprofits' Ins. Alliance of CA

XXNAIC

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

California Congress of Parents, Teachers
and Students, Inc (PTA)
2327 L Street
Sacramento, CA 95814

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	X		201103293NPO	01/05/2011	01/05/2012	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$20,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Re: Blue Oak Elementary School PTA - Biathlon - May 21, 2011

Certificate holder is included as Additional Insured as respects to event referenced above.

CERTIFICATE HOLDER

County of El Dorado
Department of Transportation
CA 95682

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

Murray Marshall

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