COUNTY OF EL DORADO DEPARTMENT OF TRANSPORTATION



APPLICATION FOR ROAD CLOSURE

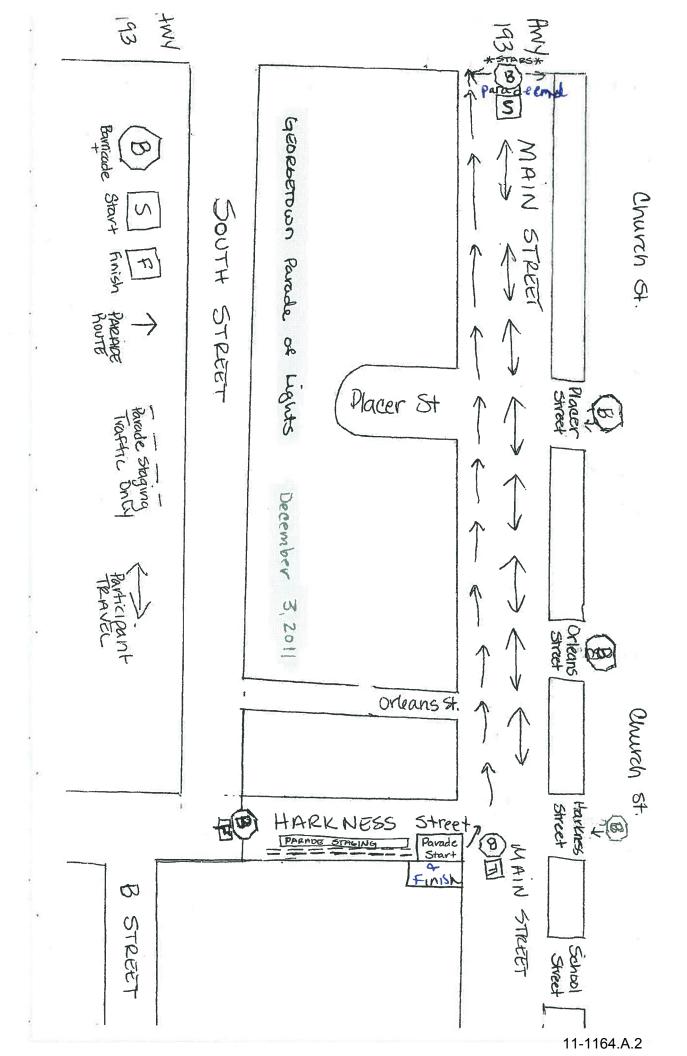
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-	THIS APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE ROAD CLOSURE DATE
ADDLT	$\langle X I \rangle$
APPLI	OF EVENT: Param of Curts
TYPE	A STATE OF THE STA
COOM	
ECTIM	ATED NUMBER OF PARTICIPANTS: SCO
DATE	OF ROAD CLOSURE: Saturday - December 3, 2011
	TIME: 20 COMPLETION TIME: 800
	S) TO BE CLOSED: Maist Markness Street
201	
NOTE:	THE ATTACHED SUPPLEMENTAL SHEET AND SKETCH SHALL BE COMPLETED IF MORE THAN
ONE C	OUNTY ROAD IS TO BE CLOSED
SUBMI	TIED BY: Elizabeth Keene DATE:
CONTA	CT PERSON: Elizaboth Keene PHONE/FAX: 333 4336 Fare 333 4872
ADDRE	55: 6180 store thy 193 launus 99034
	ekeeneaw, 1 kblue, net
	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
4.	Controls.
₹.	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
٠.	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
	Iransportation additionally insured, in the amount of \$1,000,000,000 (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
	narmiess against and from any and all claims, suits, losses, damanes, and liability for damanes of
	every name, kind and description, including attorney's fees and costs incurred brought for or or
	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 conjugate approximation or
	performance nereunder, regardless of the existence or degree of fault or negligance 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.
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I HAVE READ, ACKNOWLEDGE AND AGREE TO ALL OF THE ABOVE CONDITIONS WITH REGARD TO THIS ROAD CLOSURE.

SIGNATURE:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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(les) 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

certifica	te holder in lieu of such endorsement(s).		
PRODUCER	LOCKTON COMPANIES,LLC-K CHICAGO	CONTACT NAME: Lockton Companies, LLC	
525 W. Monroe, Suite 600 CHICAGO IL 60661 (312) 669-6900		PHONE (A/C, No. Ext): 1-800-921-3172 (A/C, No): 1-312-68	1-6769
		E-MAIL ADDRESS: Rotary@lockton.com	
		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURERA: ACE American Insurance Company	22667
All Active US Rotary Clubs & Districts Attn: Risk Management Department 1560 Sherman Ave. Evanston, IL 60201-3698	All Active US Rotary Clubs & Districts	INSURER B : ACE Property & Casualty Insurance Co	20699
	0 1	INSURER C:	
	Evanston, II, 60201-3698	INSURER D :	
		INSURER E :	
		INSURER F:	

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,

	XCLUSIONS AND CONDITIONS OF SUCH				
INSR	TYPE OF INSURANCE	SUB		POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY	LIMITS
A	GENERAL LIABILITY	N	PMI G23861355 003	7/1/2011 7/1/2012	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				PREMISES (En occurrence) \$ 500,000
	X Liquor Liability				MED EXP (Any one person) \$ XXXXXXX
	Included				PERSONAL & ADV INJURY \$ 2,000,000
1		1 1		1	GENERAL AGGREGATE \$ 10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 4.000.000
	X POLICY JECT LOC				\$
A	AUTOMOBILE LIABILITY	N	PMI G23861355 003	7/1/2011 7/1/2012	COMBINED SINGLE LIMIT (Ea socident) \$ 1.000,000
	ANY AUTO		İ	¥	BODILY INJURY (Per person) \$ XXXXXXXX
	ALL OWNED SCHEDULED AUTOS				BODILY INJURY (Per accident) \$ XXXXXXX
i i	X HIRED AUTOS X NON-OWNED AUTOS				PROPERTY DAMAGE \$ XXXXXXX
					\$ XXXXXXX
В	X UMBRELLA LIAB X OCCUR	N	M00534092 003	7/1/2011 7/1/2012	EACH OCCURRENCE \$ 5,000,000
ı	EXCESS LIAB CLAIMS-MADE		8		AGGREGATE \$ 10.000.000
<u></u>	DED RETENTION\$				\$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		NOT APPLICABLE		WC STATU- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			1	E.L. EACH ACCIDENT \$ XXXXXXX
	(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYEE \$ XXXXXXX
	DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$ XXXXXXX
			1		
			1	190	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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	CANCELLATION		
El Dorado County Department of Transportation 2850 Fairlane Ct. Placerville, CA 95667	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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ACORD 25 (2010)05)	JI 661		

ACORD 25 (2010/05)

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