COUNTY OF EL DORADO DEPARTMENT OF TRANSPORTATION

APPLICATION FOR ROAD CLOSURE THIS APPLICATION MUST BE SUBMITTED AT LEAST <u>90</u> DAYS PRIOR TO THE ROAD CLOSURE DATE
CLOSORE DATE
APPLICATION RECEIVED BY: DW DATE: 6-4.13
TITLE OF EVENT: PLEASADE VALUE DAY 4th of July Parady
TYPE OF EVENT: Darade
SPONSORING ORGANIZATION: Pleasant Valley Grange # 675
ESTIMATED NUMBER OF PARTICIPANTS:
DATE OF ROAD CLOSURE: 7-4-13
START TIME: 11:00 am COMPLETION TIME: 12:00 pm
ROAD(S) TO BE CLOSED: Pleasant Valley Rodel from Mt Aukum to
Leisure Lane. It also affects Strauss Dr. Mameda Rol
Pleasant United It + Beau Val Lo.
SUBMITTED BY: Lise Blum DATE:
CONTACT PERSON: LISC Blum PHONE/FAX: U44 8042
ADDRESS: 4989 CLEAR CREAK ROA PLACERVILLE, CAR 95467

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

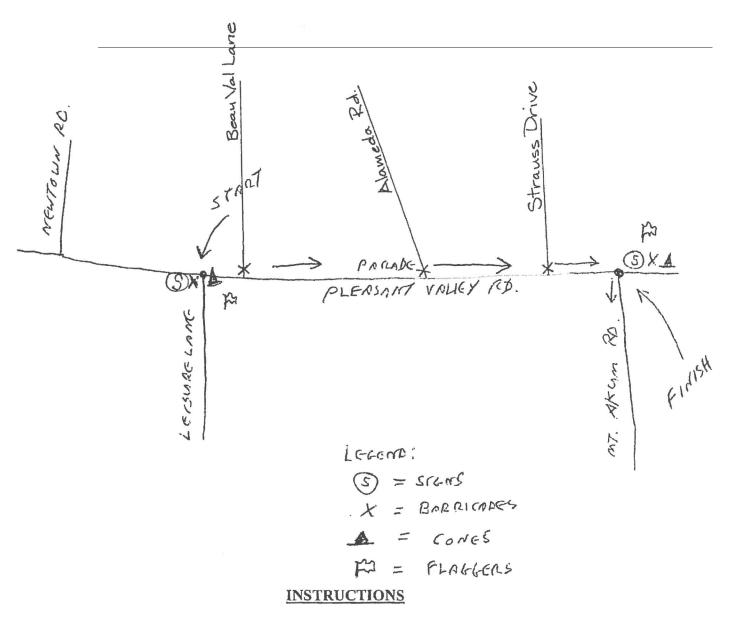
- 1. The organizers shall provide a detailed signing and detour plan for any proposed closure of a major county road. This signing/detour plan should identify the type and location of all signs, barricades, cones, and flaggers. The plan must be attached to this application when it is submitted for review.
- The organizers shall provide proof that the owners of the adjacent business along the road closure 2. are in agreement with proposed closure. These agreements must be attached to this application when it is submitted for review.
- The organizers shall be responsible for providing all signs, barricades, cones, flaggers, and traffic 3. controls and sanitation facilities.
- Wooden barricades shall be placed across the County road to close the road. Barricades shall also 4. be placed across all intersecting roads to deny access to the closed road.
- A <u>"ROAD CLOSED"</u> sign shall be placed at each barricaded intersection. Each sign shall measure 5. at least 48 inches by 30 inches, with 8 inch black letters on a white background.
- The organizers shall remove all signs, all pavement markings or other materials immediately 6. 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 County of El Dorado, its officers, officials, employees and volunteers additionally insured with the endorsement, in the amount of \$1,000,000.00 (one million dollars) as required by the El Dorado County Risk Manager.
- To the fullest extent allowed by law the Organizer shall defend, indemnify, and hold the County 8. 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/TITLE: JAR BUM DATE: 6-4-13

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

13-0723 B 1 of 3

SKETCH FOR ROAD CLOSURES AND PARADES



- 1. Sketch all roads to be occupied and label roads name.
- 2. Indicate all intersecting public roads along route.
- 3. Indicate "START" and "FINISH" location of event.
- 4. Indicate direction of travel for the participants.

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.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: AC

DATE (MM/DD/YYY) 06/03/13

PLEAS-1

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 COVERACE AITORDED 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).

2781 Bech	d Ins. Agency, Inc. P elli Lane CA 96002 J Insurance Agency Inc	Phone: 530-626-6141 Fax: 530-626-6143	A CONTACT NAME: 3 ADDRESS: ADDRESS:				
Arrownead	Insurance Agency Inc		INSURER(S) AFFORDING COVERAGE	NAIC #			
			HSURER A : Grange Insurance Association				
INSURED	Pleasant Valley Grange		INSURFE B :				
	C/O Rod Avery PO Box 332		INSURER C :				
	Diamond Springs, CA 95619		INSURER D :				
			INSURER E :				

	INSURER F ;								
CO	VERAGES CER	TIFIC	CATE	NUMBER:			REVISION NUMBER:		
IN C E	IIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUISIONS AND CONDITIONS OF SUCH	PERT	AIN, CIES.	NT, TERM OR CONDITION OF AN THE INSURANCE AFFORDED BY LIMITS SHOWN MAY HAVE BEEN I	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT	CT TO V	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	\$	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY			BOH7120630803	07/19/12	07/19/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	CLAINS-MADE X OCCUR						MED EXP (Any one person)	\$	<u> </u>
		1					PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	5	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	
-	X HULICY PRO- LOC							\$	
	AUTOMOBILE LIABILITY		1				COMBINED SINGLE LIMIT (Ea accident)	5	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS					ļ	BODILY INJURY (Per accident)	5	
	HIRED AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
_			1					4	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	5	
	DED RETENTION S							\$	and the second
	WORKERS COMPENSATION						TORY LIMITS		
	ANY PROPRIETOR/PARTNER/FXFC1.ITVF	N/A					E.L. EACH ACCIDENT	5	
	(Mandatory In NH)						EL DISEASE - EA EMPLOYEE	5	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	5	
							·		

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

th of July Parade in downtown Pleasant Valley

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

CORD 25 (2010/05)

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