COUNTY OF EL DORADO



DEPARTMENT OF TRANSPORTATION

APPLICATION FOR ROAD CLOSURE



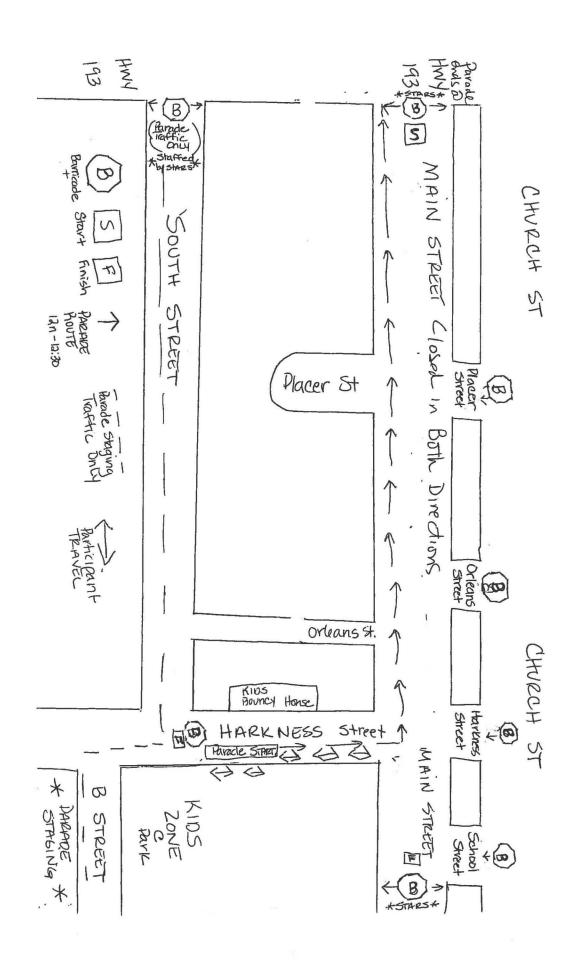
APPLICATION RECEIVED BY: DATE: TITLE OF EVENT: Ordo TYPE OF EVENT: COL SPONSORING ORGANIZATION: ESTIMATED NUMBER OF PARTICIPANTS DATE OF ROAD CLOSURE: 100m START TIME:_ ROAD(S) TO BE CLOSED: NOTE: THE ATTACHED SUPPLEMENTAL SHEET AND SKETCH SHALL BE COMPLETED IF MORE THAN ONE COUNTY ROAD IS TO BE CLOSED DATE: Jeil SUBMITTED BY: LAND SHOOT CONTACT PERSON: DONG PHONE/FAX: ADDRESS: 2000 From CARROLL TOLON

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.
- 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 "ROAD CLOSED" 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 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.
- 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: De sing W. Triveras	DATE: July 8,2013
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I HAVE READ, ACKNOWLEDGE AND AGREE TO ALL OF THE ABOVE CONDITIONS WITH REGARD TO THIS ROAD CLOSURE.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/29/2013

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 certificate holder in lieu of such endorsement(s).

	LOCKTON COMPANIES, LLC - K CHICAGO 525 W. Monroe, Suite 600 CHICAGO, IL 60661 (312) 669-6900	CONTACT Lockton Companies, LLC					
				NAIC#			
		INSURER A :	any	22667			
INSURED	All Active US Rotary Clubs & Districts Attn: Risk Management Division 1560 Sherman Ave. Evanston, IL 60201-3698	INSURER B:	ACE Property & Casualty Insura	nce Co	20699		
		INSURER C:					
		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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	NSR TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-		N	PMI G23861355 005	7/1/2013	7/1/2014	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X AUTOS		N	PMI G23861355 005	7/1/2013	7/1/2014	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXX BODILY INJURY (Per accident) \$ XXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXX \$ XXXXXXX
В	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		N	M00534092 005	7/1/2013	7/1/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 10,000,000 S XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			NOT APPLICABLE			WC STATU- OTH- TORY LIMITS ER E.L. EACH ACCIDENT \$ XXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXX
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	1 55 //	*****	ACODO 404 Additional Demodra School	ulo if more energic	manimal)	

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 and signed 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 HOL	DER			CANCELLATION		
		 			1	
					1	

D.O.T. "The County of El Dorado, its officers, officials, employees and volunteers" El Dorado County, 2850 Fairlane Ct. Placerville, CA. 95667 Pride of the Mountains Car Show, 09/29/2013 Georgetown Divide Rotary Club, Georgetown CA. 95634 District 5190

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)

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