COUNTY OF EL DORADO



APPLICATION RECEIVED BY: Marcia Moua

DEPARTMENT OF TRANSPORTATION

APPLICATION FOR ROAD CLOSURE

DATE: 5-14-13



THIS APPLICATION MUST BE SUBMITTED AT LEAST <u>60</u> DAYS PRIOR TO THE ROAD CLOSURE DATE

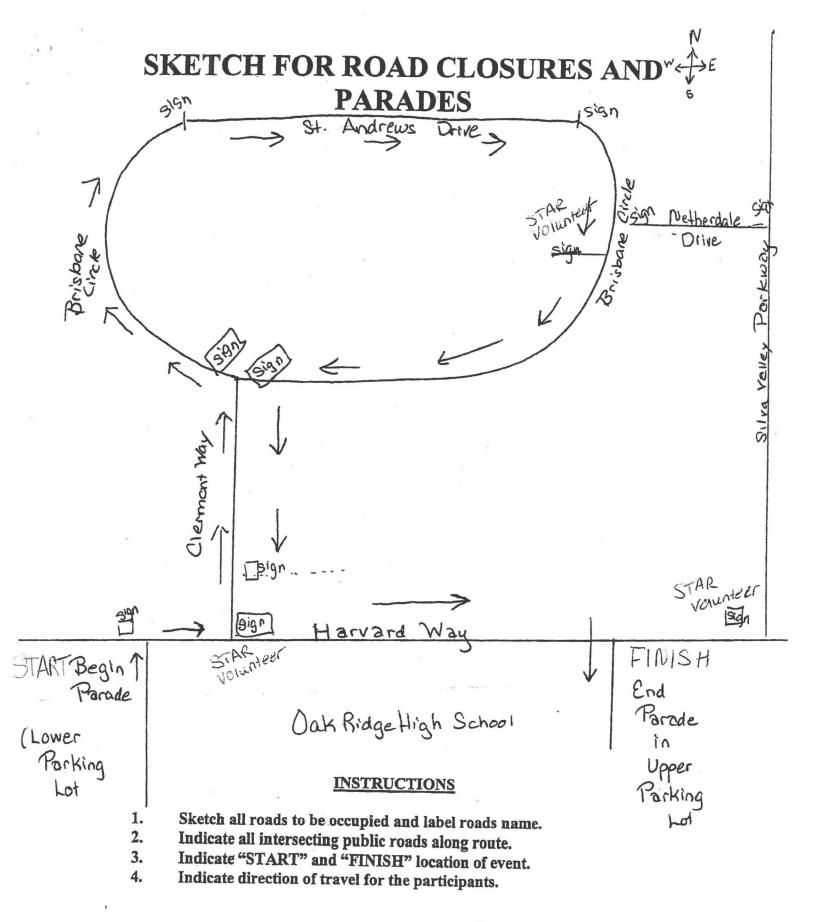
| TITLE OF EVENT: Cak Ridge High School Home coming Parage |
|---|
| TYPE OF EVENT: Street parade with high school bond cheer class floats, roughty |
| SPONSORING ORGANIZATION: Onk Ridge High School Associated Student Box |
| ESTIMATED NUMBER OF PARTICIPANTS: |
| DATE OF ROAD CLOSURE: Friday October 18, 2013 |
| START TIME: 4:00 pm COMPLETION TIME: 5:00 p.m |
| ROAD(S) TO BE, CLOSED: Harvard Way, Clermont Way, Brisbone Circle, |
| St. Andrews Prive Call in Stonegate Village, El Dogado Hills |
| NOTE: THE ATTACHED SUPPLEMENTAL SHEET AND SKETCH SHALL BE COMPLETED IF MORE THAN |
| ONE COUNTY ROAD IS TO BE CLOSED |
| SUBMITTED BY: Marcia Maya DATE: 0-14-13 |
| CONTACT PERSON: Morcia Moya PHONE/FAX: 9/69336960 x 3046 9/69336987 |
| CONTACT PERSON: Marcia Maya PHONE/FAX: 9/69336960x3046 9/69336987 ADDRESS: 1120 Harvard Way PIDOTOGO Hills CA mmo yaca Edwnsdinet |
|), |

THE FOLLOWING CONDITIONS ARE REQUIRED FOR ALL ROAD CLOSURES:

- 1. The organizers shall provide a <u>detailed signing and detour plan</u> 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 <u>business along the road closure</u> <u>are in agreement</u> with proposed closure. These agreements must be attached to this application when it is submitted for review.
- 3. The organizers shall be responsible for <u>providing all signs</u>, <u>barricades</u>, <u>cones</u>, <u>flaggers</u>, <u>and traffic</u> controls.
- 4. <u>Wooden barricades shall be placed across the County road</u> 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.
- The organizers shall <u>remove</u> all signs, all pavement markings or other materials immediately following the event. The organizers shall also <u>remove</u> all debris deposited by participants and spectators.
- 7. The organizers shall provide a <u>Certificate of Insurance</u>, naming El Dorado County <u>Department of Transportation additionally insured</u>, in the amount of <u>\$1,000,000.00</u> (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.

| merade. | o the dates to defined sector in the months of the | 2000 0000001 27701 |
|------------|--|--------------------|
| SIGNATURE: | Marcia Mela | DATE: 5/4-13 |
| | | |

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



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: 4.00 | COMPLETION TIME: 4:05 |
|--|---|
| Harvard Way - Lower Port | BETWEEN Harvard Way a Clermond |
| (west | , |
| STARTING TIME: 4:05 | COMPLETION TIME: 4:16 |
| Clermont Way | BETWEEN Harvard & Brisbane Circle |
| | |
| STARTING TIME: 4:10 Brisbare Circle | BETWEEN Clermont + St. Andrew's Drive |
| Brisbano Circle | BETWEEN Clermont + St. Andrew's Drive |
| | |
| STARTING TIME: 4:15 | BETWEEN Brisbare Circle (W) & Brisbare Circle |
| St. Andrews | BETWEEN Brishand Cimbe (W) & Brishane Circle |
| | (8) |
| STARTING TIME: 4:20 | COMPLETION TIME: 4:40 |
| Brisbane Circle | BETWEEN St. Andrew's & Clermont |
| OCIDENTE CITE CONTRACTOR OF THE CONTRACTOR OF TH | |
| STARTING TIME: 4:40 | BETWEEN Brisbane Circle & Harvard Way |
| Clermont Way | BETWEEN Brisbane Circle & Harvard Way |
| | • |
| STARTING TIME: 4:50 | BETWEEN Clermont Way & Silva Valley Drive |
| Harrard Way | BETWEEN Clermont Way & Silva Valley Drive |
| 11-31-31-3 | |
| STARTING TIME: | COMPLETION TIME: |
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277306



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/22/2013

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(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

| the terms and conditions of the policy, certain per certificate holder in lieu of such endorsement(s). | | orsement. A state | ement on thi | s certificate does not confe | er rights to the | | | |
|---|--|--|------------------------------|---|--|--|--|--|
| PRODUCER | CO | CONTACT | | | | | | |
| Wells Fargo Insurance Services USA, Inc. | PH | NAME: PHONE FAX (A/C, No): (A/C, No, Ext): | | | | | | |
| 1039-A North McDowell Blvd. | E-I | (A/C, No, Ext); (A/C, No): E-MAIL ADDRESS: | | | | | | |
| Petaluma, CA 94954 | | INSURER(S) AFFORDING COVERAGE | | | NAIC# | | | |
| 707-773-2900 | INS | INSURER A: Schools Insurance Authority JPA | | | 10.000 | | | |
| INSURED | | INSURER B: | | | | | | |
| Schools Insurance Authority | | INSURER C: | | | | | | |
| El Dorado Union High School District | | INSURER D: | | | | | | |
| c/o P.O. Box 276710 | T | INSURER E : | | | | | | |
| Sacramento, CA 95827 | | INSURER F: | | | | | | |
| COVERAGES CERTIFICATE | NUMBER: 6481436 | REVISION NUMBER: See below | | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSUFINDICATED. NOTWITHSTANDING ANY REQUIREMENT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. | NT, TERM OR CONDITION OF THE INSURANCE AFFORDED | ANY CONTRACT BY THE POLICIES EN REDUCED BY I | OR OTHER DESCRIBED | OCUMENT WITH RESPECT OF HEREIN IS SUBJECT TO A | TO WHICH THIS | | | |
| LTR TYPE OF INSURANCE INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | | | |
| A GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY | 2013MOLC | 07/01/2013 | 07/01/2014 | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | 1,000,000 | | | |
| CLAIMS-MADE X OCCUR | | | | MED EXP (Any one person) \$ | | | | |
| | | | | PERSONAL & ADV INJURY \$ | | | | |
| | | | | GENERAL AGGREGATE \$ | | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | 1 | | PRODUCTS - COMP/OP AGG \$ | | | | |
| POLICY PRO- JECT LOC | . — | | | \$ | | | | |
| AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | | | | |
| ANY AUTO | | | | BODILY INJURY (Per person) \$ | | | | |
| ALL OWNED SCHEDULED AUTOS AUTOS | | | | BODILY INJURY (Per accident) \$ PROPERTY DAMAGE | | | | |
| HIRED AUTOS NON-OWNED AUTOS | | 1 | | (Per accident) | 200 VG 100 - | | | |
| | | | | \$ | *** | | | |
| UMBRELLA LIAB OCCUR | | | | EACH OCCURRENCE \$ | | | | |
| EXCESS LIAB CLAIMS-MADE | | | | AGGREGATE \$ | | | | |
| DED RETENTION\$ | | | | WC STATU- OTH- | | | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | WC STATU- OTH- TORY LIMITS ER | | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE N/A | | | | E.L. EACH ACCIDENT \$ | | | | |
| (Mandatory in NH) If yes, describe under | | | | E.L. DISEASE - EA EMPLOYEE \$ | | | | |
| DÉSCRIPTION OF OPERATIONS below | | | | E.L. DISEASE - POLICY LIMIT \$ | | | | |
| | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach | ACORD 101 Additional Pamarke Sch | adula if more enace is | required) | | | | | |
| CG 20 11 11 85 Re: The El Dorado County Departme | | Processing and a supplemental services and | COURT IN \$ 1.00 CO. 4 TO \$ | the liability arising out of the | nealigent | | | |
| acts of the Covered Member, with respect to access | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| CERTIFICATE HOLDER | c | CANCELLATION | | | | | | |
| County of El Dorado Transportation Department 2850 Fair Lane | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
| Placerville, CA 95667 | A | AUTHORIZED REPRESENTATIVE Gene Syndon | | | | | | |

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ACORD 25 (2010/05)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED — MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

- 1. Designation of Premises (Part Leased to You):
- 2. Name of Person or Organization (Additional Insured):
- 3. Additional Premium:

County of El Dorado Transportation Department 2850 Fair Lane Placerville, CA 95667

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule

Re: The El Dorado County Department of Transportation is an additional insured, but only as to the liability arising out of the negligent acts of the Covered Member, with respect to access to county streets by Oak Ridge High School on October 18, 2013, for the ORHS Homecoming Parade.