COUNTY OF EL DORADO



DEPARTMENT OF TRANSPORTATION

APPLICATION FOR ROAD CLOSURE



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

APPLICATION RECEIVED BY: DATE:
TITLE OF EVENT: 35 M Annual Apple Hill Harvest Run
TYPE OF EVENT: 8.5 Mile Run 2nd 3.5 mile Run/Walk
SPONSORING ORGANIZATION: CAMINO School Pagent Club and Appli Hill Growlers Association
ESTIMATED NUMBER OF PARTICIPANTS: 1,800
DATE OF ROAD CLOSURE: Sunday November 2, 2014
START TIME: 92m COMPLETION TIME: 11:152m
ROAD(S) TO BE CLOSED: Year Attrained List
NOTE: THE ATTACHED SUPPLEMENTAL SHEET AND SKETCH SHALL BE COMPLETED IF MORE THAN
ONE COUNTY ROAD IS TO BE CLOSED
SUBMITTED BY: KIM Hanna 1-61 Apple Hill GOWLIGDATE: 8-22-2014
CONTACT PERSON: Kich Hanna "PHONE/FAX: (916) 492-9966 / (916) 492-8964
ADDRESS: 424 3514 HELLE GALLAMENTO CA 95816

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 controls</u>.
- 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 <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.

SIGNATURE:	Krih	1/	ann	DATE:_	8-22-201	4

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

Apple Hill Harvest Run November 2, 2014 · Camino, CA

14-1318 B 2 of 6



35th Annual Apple Hill Harvest Run Sunday, November 2, 2014 Camino School Benefit Sponsored by: Apple Hill Growers Assn P.O. Box 494, Camino, CA 95709 (530) 644-7692

Supplemental Sheet for Multiple Road Closures

Full Closure (both lanes)

Larsen Drive between North Canyon and Cable Rd.

Starting Time: 8:50am

Completion Time: 10:15am

Larsen Drive between North Canyon and Carson Rd.

Starting Time: 7:00am

Completion Time: 11:15am

One Lane Closure

Barkley Rd. (eastbound) between Larsen Drive and Carson Rd.

Starting Time: 8:50am

Completion Time: 10:30am

Note: We will post a sign at Carson & Barkley Intersection notifying drivers that Barkley/Larsen Intersection is closed from 8:50am to 10:45am. Barkley Rd. is not part of the course but feeds

into both courses.

Cable Rd. (Northbound) between Larsen Drive and Carson Rd.

Starting Time: 9:00am

Completion Time: 9:50am

D St. (Northbound) between Carson Rd. and 2nd St.

Starting Time: 8:55am

Completion Time: 9:30am

2nd St. (Eastbound) between D St. and Larsen Drive

Starting time: 8:55am

Completion Time: 9:30am

Carson Road (westbound) between Barkley Rd. and North Canyon

Starting Time: 8:40am

Completion Time: 10:00am

North Canyon (Eastbound) between Carson Rd. and Larsen Dr.

Starting Time: 9:00am

Completion Time: 10:45am



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/06/2014

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).

				NAME:						
HCC Specialty				PHONE FAX (A/C, No, Ext); (A/C, No): E-MAIL (A/C, No):						
401 Edgewater Place, Suite 400				E-MAIL ADDRESS: PRODUCER						
Wakefield, MA 01880				CUSTOMER ID #:						
				INSURER(S) AFFORDING COVERAGE			NAIC#			
RISURED Rich Hanna, dha Capital Poad Pace Management							23841			
Rich Hanna, dba Capital Road Race Management 624 35th Street				INSURER B: U						
P O Box 19027 (95819)				INSURER C:						
Sacramento, CA 95816				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 TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A GENERAL LIABILITY	х		SEL035832831	08/07/2014	11/05/2014	EACH OCCURRENCE \$	1,000,000			
X COMMERCIAL GENERAL LIABILITY	Λ.		3EL033032031	00/07/2014	11/03/2014	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000			
CLAIMS-MADE X OCCUR						MED EXP (Any one person) \$	5,000			
X Host Liquor					,	PERSONAL & ADV INJURY \$	1,000,000			
B X Medical Expense			US244960	08/07/2014	11/05/2014	GENERAL AGGREGATE \$	2,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$	1,000,000			
X POLICY PRO- JECT LOC						\$				
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)				
ANY AUTO						BODILY INJURY (Per person) \$				
ALL OWNED AUTOS				ŀ		BODILY INJURY (Per accident) \$				
SCHEDULED AUTOS						PROPERTY DAMAGE \$				
HIRED AUTOS						(Per accident) \$				
NON-OWNED AUTOS						\$				
UMBRELLA LIAB OCCUP	\vdash									
EXCESSLIAB OCCUR CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$				
DEDUCTIBLE						AGGREGATE \$				
RETENTION \$						s				
WORKERS COMPENSATION						WCSTATU- OTH TORY LIMITS - ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT \$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$				
If yas, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$						
	1									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC The Certificate Holder is added as Additional Insured with re This insurance is primary and non-contributory as required to This coverage is with respect to Apple Hill Harvest Run ever	spects to y written	our In	sured's operations only. ct.		•					
CERTIFICATE HOLDER				CANCELLATIO	N					
CERTIFICATE HOLDER				CANCELLATIO						
El Dorado County Dept of Transportation 2850 Fairlane Court 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 REPRE						

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
The County of El Dorado, its officers, officials, employees, and volunteers
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations:

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

ENDORSEMENT #1

THIS ENDORSEMENT EFFECTIVE: 12:01 A.M., August 29, 2014

FORMS A PART OF POLICY NO. 35832831

ISSUED TO: Rich Hanna, dba: Capital Road Race Management

BY: NEW HAMPSHIRE INSURANCE COMPANY

The Additional Insured - Designated Person or Organization Endorsement CG 20 26 04 13 is added as attached

All other terms and condition remain the same.

AUTHORIZED SIGNATURE