

COMMUNITY DEVELOPMENT AGENCY

TRANSPORTATION DIVISION

http://www.edcgov.us/DOT/

PLACERVILLE OFFICES: MAIN OFFICE: 2850 Fairlane Court, Placerville, CA 95667 (530) 621-5941 / (530) 621-2030 Fax

CONSTRUCTION & MAINTENANCE: 2441 Headington Road, Placerville, CA 95667 (530) 642-4909 / (530) 642-0508 Fax LAKE TAHOE OFFICES:

ENGINEERING: 924 B Emerald Bay Road, South Lake Tahoe, CA 96150 (630) 573-7900 / (630) 541-7049 Fax

MAINTENANCE: 1121 Shakori Drive, South Lake Tahos, CA 96160 (630) 573-3180 / (630) 577-8402 Fax

| APPLICATION FOR ROAD CLOSURE PERMIT THIS APPLICATION MUST BE SUBMITTED AT LEAST <u>90</u> DAYS PRIOR TO THE EVENT DATE |
|--|
| APPLICATION RECEIVED BY: John Hunt DATE: 2/19/15 |
| TITLE OF EVENT: EVENT, 15 MINUTES |
| TYPE OF EVENT: STUDENT DRINKING / DRIVING PREVENTION PROGRAM |
| SPONSORING ORGANIZATION: CALIFORNIA HWY PATROL / PONDERDSA HIGH SCHOOL/EDC FIRST |
| ESTIMATED NUMBER OF PARTICIPANTS: /, 000 |
| DATE OF EVENT: APRIL 29, 2015 Wednesday |
| START TIME: 8:15 COMPLETION TIME: 11:00 Am |
| ROAD(S) TO BE TRAVELED OR OCCUPIED: <u>PONDETLOSA RD., SBENBBETWEEN</u> |
| MINE SHAFT LANE and MEDER ROAD |
| |
| CONTACT PERSON: JERGMY HUNT DATE: 2/12/15 |
| PHONE: 530 677 2281 × 2219 FAX: 530 677 2299 |
| ADDRESS: PHS 3661 PONDEROSA ROAD, SHINGLE SPRINGS 95682 |
| EMAIL: jhunteeduhsd. net |

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 ilability 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 any way 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.



15-0337 B 1 of 3



CERTIFICATE OF LIABILITY INSURANCE

277305

| DATE (MM/DD/YYYY) |
|-------------------|
| 2/20/2015 |

| 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). | | | | | | | | | |
| PRODUCER | | | | CONTACT NAME: | | | | | |
| Wells Fargo Insurance Services USA, Inc. | | | | PHONE FAX (A/C, No, Ext): (A/C, No): | | | | | |
| 1039-A North McDowell Blvd. | | | ADDRESS: | | | | | | |
| Petaluma, CA 94954 | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC # | | |
| 707-773-2900 | | | INSURER A: Schools Insurance Authority JPA | | | | | | |
| NSURED | | | INSURER 8 : | | | | ; | | |
| Schools Insurance Authority | | | INSURER C ; | | | | | | |
| El Dorado Uníon High School District c/o P.O. Box 276710 | | | INSURER D : | | | | | | |
| Sacramento, CA 95827 | | | INSURER E : | | | | | | |
| | FICATE | NUMBER: 8753133 | INSURE | RF: | | REVISION NUMBER: See bal | | | |
| | | | VE BEE | N ISSUED TO | | | | | |
| 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. | | | | | | | | | |
| | SD SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| | | 2014MOLC | | 07/01/2014 | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCUTROCA) \$ | 1,000.000 | | |
| | | | | | | PREMISES (Ea occurrence) 5 MED EXP (Any one person) \$ | | | |
| | | | | | | PERSONAL & ADVINJURY \$ | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ | | | |
| POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG \$ | | | |
| OTHER: | | | | | | \$ | | | |
| AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT \$ | | | |
| ANY AUTO | | | | | | 800ILY INJURY (Per person) \$ | | | |
| ALL OWNED SCHEDULED AUTOS AUTOS | | | | | | 800ILY INJURY (Per accident) \$ | | | |
| | | | | | | (PROPERTY DAMAGE \$ | | | |
| | | | | | | \$ | | | |
| | | | | | | EACH OCCURRENCE \$ | | | |
| EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE \$ | | | |
| DED RETENTION \$ | _ | | | | | PER (OŤH- STATUTE ER | | | |
| AND EMPLOYERS' LIABILITY Y / N | | | | | | | | | |
| | /Α | | | | | E.L. EACH ACCIDENT \$ | | | |
| (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | EL. DISEASE - EA EMPLOYEE \$ | | | |
| DESCRIPTION OF OPERATIONS BROW | | | | | | E.L. DISEASE - POLICY LIMIT \$ | | | |
| | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space (a required) CG20111185 EI Dorado County, its officers, officials, employees, and volunteers are additional insureds, but only as to the liability arising out of the negligent acts of the Covered Member, with respect to access to county streets by Ponderosa High School on April 29, 2015, for a prevention program. | | | | | | | | | |
| | | | | | | | | | |
| CERTIFICATE HOLDER | | | CAN | CELLATION | | | | | |
| El Dorado County Transportation Divison 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 | | | | | | | | | |
| | | | grandstate | | | | | | |
| | | | 0025 | 0.11 | | | - h4 ' | | |
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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:

El Dorado County Transportation Divison 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 llability 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:

- 1. 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.

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