

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

(530) 573-7900 / (530) 541-7049 Fax

MAINTENANCE:

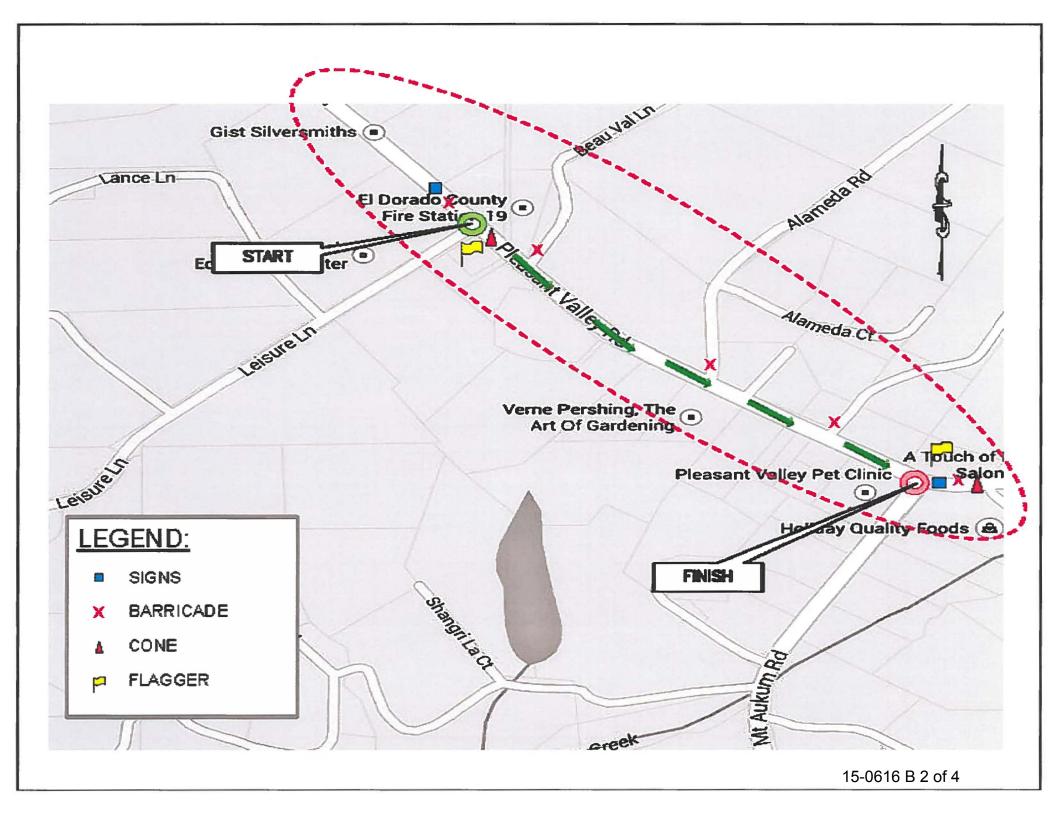
1121 Shakori Drive, South Lake Tahoe, CA 96150

(530) 573-3180 / (530) 577-8402 Fax

APPLICATION FOR ROAD CLOSURE PERMIT

THIS APPLICATION MUST BE SUBMITTED AT LEAST 90 DAYS PRIOR TO THE EVENT DATE

APPLICATION RECEIVED BY:DATE:
TITLE OF EVENT: 4TH OF JULY PARADE
TYPE OF EVENT: PARADE
SPONSORING ORGANIZATION: PLEASANT VALLEY GRANGE #675
ESTIMATED NUMBER OF PARTICIPANTS: 150
DATE OF EVENT:
START TIME: // Am COMPLETION TIME: NOON
ROAD(S) TO BE TRAVELED OR OCCUPIED: REASON - VALLEY ROAD BETWEEN LETSURE LANE AND Mr. AUKUM ROAD
CONTACT PERSON: Rod Avery DATE: 5-7-15 PHONE: 530-647-8535 FAX: 530-647-8536
ADDRESS: 7280 Sig BARK RD PLACERVILLE (A 95667 EMAIL: RODS (REEK @ GMAIL, COM
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 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.
I HAVE READ, ACKNOWLEDGE AND AGREE TO THE ABOVE CONDITION WITH REGARD TO THIS PERMIT.
SIGNATURE/TITLE: Koel Koel TREASURER DATE: 5-7-15 MUST BE ON BOARD OF DIRECTORS TO SIGN





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/07/2015

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). LCONTACT

D.V. Nuccio 9 Apposiatos Inguestros Desirars Ing						NAME: RODER V. NUCCIO						
R.V. Nuccio & Associates Insurance Brokers, Inc.						PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595						
10148 Riverside Drive					E-MAIL ADDRESS: support@rvnuccio.com							
Toluca Lake, CA 91602					INSURER(S) AFFORDING COVERAGE					NAIC#		
					INSURE	RA: Firemar	n's Fund Ins	urance Comp	any		21873	
INSURED Pleasant Valley Grange #675						INSURER B:						
Po Box 332						INSURER C:						
Diamond Springs CA 05610					INSURER D:							
Diame	ond opinigs , OA 30013				INSURER E:							
COVE	DACES	TIFIC	ATE	AU IMPED.	INSURER F:							
	to the same of the			NUMBER:	REVISION NUMBER: VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							
CER	CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY I LUSIONS AND CONDITIONS OF SUCH	QUIR	EME	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF ANY	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WIT	H RESPEC	T TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	ENERAL LIABILITY	JIVSK	1110	XXC80492987		7/4/2015	especialist contains William	EACH OCCURREN	1	\$	1,000,000	
COMMERCIAL GENERAL LIABILITY						7/4/2015	07/05/2015	DAMAGE TO REN PREMISES (Ea oca	TED	\$	50,000	
CLAIMS-MADE OCCUR				NAEP063297				MED EXP (Any one		\$	0	
OD MINO-MADE COOCH								PERSONAL & ADV		\$ \$	1,000,000	
	Host Liquor Liability							GENERAL AGGRE		<u>. </u>	2,000,000	
G	EN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COM		s	1,000,000	
1	POLICY PRO-				ļ					S		
A	UTOMOBILE LIABILITY							COMBINED SINGL (Es accident)	E LIMIT	s		
	ANY AUTO							BODILY INJURY (F	Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (F	Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMA (Per accident)	GE .	\$		
-	AUTOS							(Fer acquerit)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	s		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		<u> </u>		
	DED RETENTION\$							HOOKEONIE		s		
	ORKERS COMPENSATION				-			WC STATU-	I OTH-	-		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDE		s		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA				
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - PO				
	ESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - PC	DECT EMIT			
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	ttach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)					
Addit	tional Insured: County of El Dorad	lo. its	s offi	cers, officials employees	s and v	volunteers						
	,											
CERT	IFICATE HOLDER				CANO	CELLATION						
					CANC	PELLATION			***************************************	-		
County of El Dorado						OULD ANY OF	THE ABOVE D	ESCRIBED POLI	CIES BE CA	NCEL	LED BEFORE	
300 Fair Ln								EREOF, NOTICI		E DE	LIVERED IN	
Place	rville , CA 95667				ACC	OKDANCE WI	IN INE POLIC	Y PROVISIONS.				
,						AUTHORIZED REPRESENTATIVE						
						Robert V. Nuccio Cobert V. Justio						
Robert V. Nuccio												
						@ 10	88-2010 AC	ORD CORPOR	PATION A	II ria	hte reserved	

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

Certificate Number: NAEP063297 Effective Dates: 7/4/2015 to 7/4/2015

Additional Insured - Person, Organization or other Entity - 600002STEP 09 12

Policy Amendment(s) Commercial General Liability

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

Name of Additional Insured Person(s) or Organization(s) or other Entity(ies)

County of El Dorado

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.

Section II - Who Is An Insured is amended to include as an insured the person, organization or other entity shown in the Schedule above but only to the extent that bodily injury, property damage or personal and advertising injury is caused by the sole negligence of the Memorandum of Insurance holder.

Any Additional Insured Person(s) or Organization(s) or other Entity(ies) covered under this policy is subject to the policy forms, terms, conditions, exclusions, limitations and provisions.

This Endorsement is otherwise subject to all the terms, conditions, exclusions, limitations, and provisions of the policy to which it is attached.

mi D. Forsche'

This Form must be attached to Change Endorsement when issued after the policy is written. One of the Fireman's Fund Insurance Companies as named in the policy

Secretary

President

600002STEP9-12

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