



COMMUNITY DEVELOPMENT AGENCY TRANSPORTATION DIVISION

http://www.cd.gov.us/DOT/

PLACERVILLE OFFICES:

MAIN OFFICE:
2650 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

ROAD CLOSURE PERMIT APPLICATION

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

APPLICATION RECEIVED BY: DATE:

TITLE OF EVENT:

TYPE OF EVENT:

SPONSORING ORGANIZATION:

ESTIMATED NUMBER OF PARTICIPANTS:

DATE OF EVENT:

START TIME: COMPLETION TIME:

ROAD(S) TO BE TRAVELED OR OCCUPIED:

CONTACT PERSON: DATE:

PHONE: FAX:

ADDRESS:

EMAIL:

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 or 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: DATE:
MUST BE ON BOARD OF DIRECTORS TO SIGN



detour Route

access point through
Netherdale way to Silva Vly Pkwy
St. Andrews Dr to EDH Blvd

X-Barricade

Oak Ridge
High
School

End parade
in upper
parking lot

Vicinity Map



Green Valley Rd

Thomas St

Sophia Pkwy

Golf Links Dr

Harvard Way

Serrano Pkwy

Eldon

Silverado

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Google earth

15-0952 B 3 of 5

1993

Imagery Date: 4/18/2014 38°41'04.01" N 121°05'05.39" W elev 896 ft eye alt 20645



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/19/2015

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(ies) 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 Wells Fargo Insurance Services USA, Inc. 1039-A North McDowell Blvd. Petaluma, CA 94954 707-773-2900	CONTACT NAME: PHONE (A/C, No., Ext): _____ FAX (A/C, No.): _____ E-MAIL ADDRESS: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Schools Insurance Authority JPA</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Schools Insurance Authority JPA		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															
INSURED Schools Insurance Authority El Dorado Union High School District c/o P.O. Box 276710 Sacramento, CA 95827															

COVERAGES **CERTIFICATE NUMBER:** 9450591 **REVISION NUMBER:** See below

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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			REF NO 2015MOLC	7/1/2015	7/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N		N / A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Memo Form RE: The County of El Dorado, 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 Oak Ridge High School on October 2, 2015, for the ORHS Homecoming Parade.

CERTIFICATE HOLDER County of El Dorado Transportation Division 2860 Fairlane Court Placerville, CA 95667	CANCELLATION 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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POLICY NUMBER: REF NO 2015MOLC
EFFECTIVE DATE: 7/1/2015

**THIS ENDORSEMENT CHANGES THE MEMORANDUM OF COVERAGE.
PLEASE READ IT CAREFULLY.**

**ADDITIONAL COVERED MEMBER — MANAGERS OR
LESSORS OF PREMISES**

This endorsement modifies coverage provided under the following:

GENERAL LIABILITY

SCHEDULE

Designation of Premises (Part Leased to You):

Name of Person or Organization (Additional Covered Member):

RE: The County of El Dorado, 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 Oak Ridge High School on October 2, 2015, for the ORHS Homecoming Parade.

WHO IS A COVERED MEMBER: (Section III) is amended to include as a covered member 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 exclusions:

This coverage 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.