



County of El Dorado  
Community Development Agency  
Transportation Division

## SPECIAL EVENT PERMIT APPLICATION

MAKE YOUR SELECTION:

Cycling ☐ Running/Walking ☐ Parades ☐ Road Closures ☒

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

APPLICATION RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE OF EVENT: Jeepers Jamboree Outdoor Expo

TYPE OF EVENT: Expo

SPONSORING ORGANIZATION: Jeepers Jamboree & Jeep Jamboree, Inc.

ESTIMATED NUMBER OF PARTICIPANTS: 2000

DATE OF EVENT: Wednesday, July 27, 2016

START TIME: 3am COMPLETION TIME: 7pm

ROAD(S) TO BE TRAVELED OR OCCUPIED: Main Street / Wentworth Springs

Main Street / Wentworth Springs

Main Street / Wentworth Springs

CONTACT PERSON: Lacey Stiles or Bob Sweeney DATE: 4/4/2016

PHONE: 530-333-4771 FAX: 530-333-0245

ADDRESS: PO Box 900 Georgetown, CA 95634

EMAIL: mail@jeepersjamboree.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 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, ACKNOWLEDGED AND AGREE TO THE ABOVE CONDITIONS WITH REGARD TO THIS PERMIT**

SIGNATURE/TITLE: Lacey Stiles Digitally signed by Lacey Stiles  
Date: 2016.04.04 11:50:43 -07'00' DATE: 4/4/2016  
*MUST BE ON BOARD OF DIRECTORS TO SIGN*

**COUNTY OF EL DORADO**  
**COMMUNITY DEVELOPMENT AGENCY, TRANSPORTATION DIVISION**

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**MAIN OFFICE**  
2850 Fairlane Court  
Placerville, CA 95667  
Phone: (530) 621-5941  
Fax: (530) 621-2030

**THE FOLLOWING MANDATORY DOCUMENTS ARE REQUIRED FOR ALL  
SPECIAL EVENT PERMITS**

**Submit application for the appropriate permit at least 90 days prior to the event.**

\_\_\_\_\_ The applicant's plans shall provide Route and Traffic Control Plans that indicates all measures to be used for this special event. Drawings must be of the standard of practice in this area. **NO GOOGLE MAPS WILL BE ACCEPTED.** The minimum plan size shall be 11 x 17.

\_\_\_\_\_ Label all roads to be occupied, including all intersecting roads along the route.

\_\_\_\_\_ Indicate "start" and "finish" location of the event

\_\_\_\_\_ Indicate direction of travel for the participants

\_\_\_\_\_ Indicate locations of sanitation facilities if any are required.

\_\_\_\_\_ Signage Plan shall include type and location of all proposed signs, barricades, cones and flaggers. The minimum plan size shall be 11 x 17.

\_\_\_\_\_ Detour Plan – a substitute or roundabout way of how the public is getting to the nearby roads. The minimum plan size shall be 11 x 17.

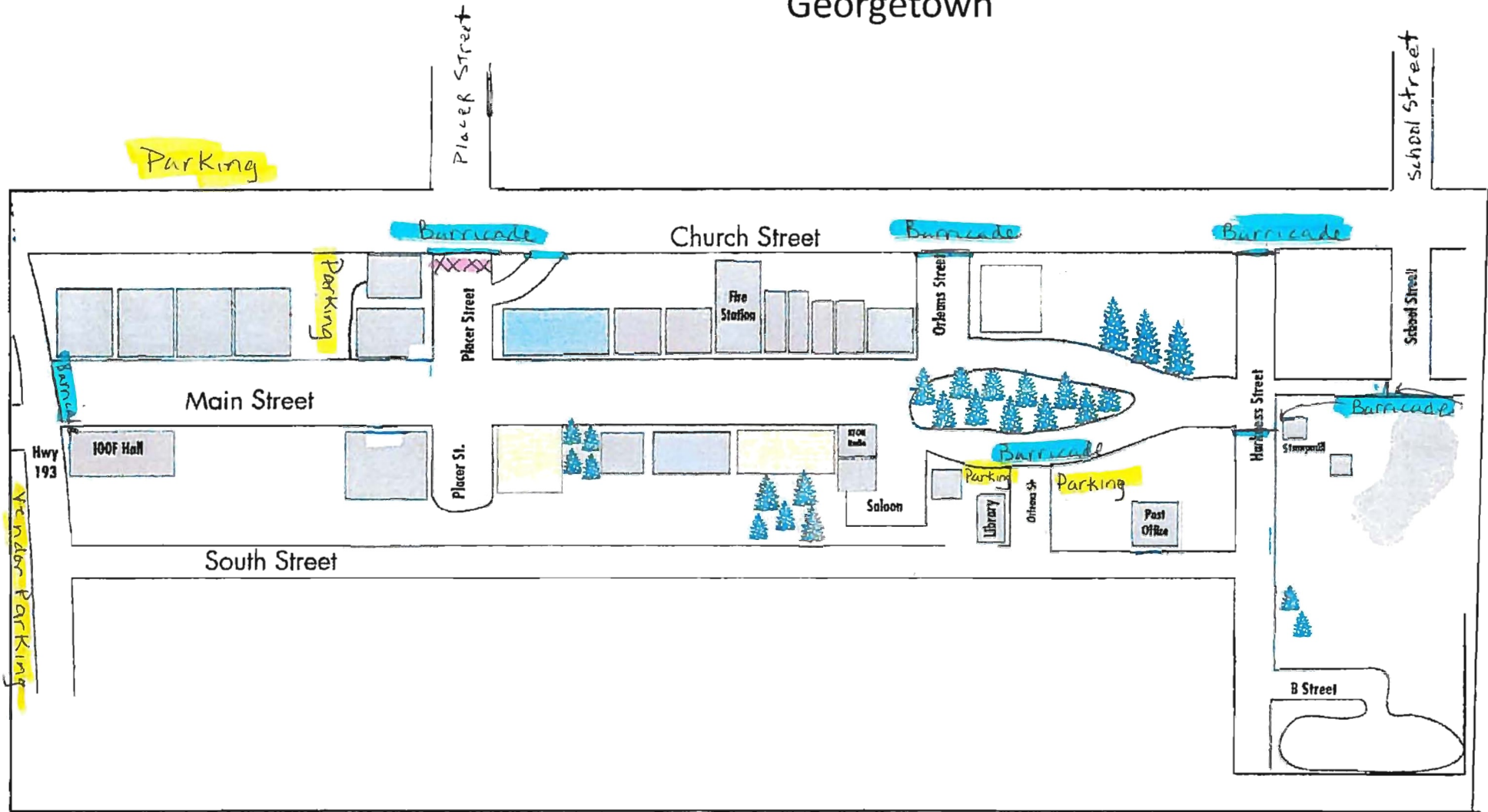
\_\_\_\_\_ Certificate of Insurance with the following words naming: "County of El Dorado, its officers, officials, employees and volunteers are included as additional insured, (ON AN ADDITIONAL INSURED ENDORSEMENT) but only insofar as the operations under this agreement are concerned. This provision shall apply to the general liability policy for one million dollars.

\_\_\_\_\_ The organizers shall remove all signs, all pavement markings or other materials immediately following the event. The organizers shall also remove all debris deposited by participants and spectators.

Once all applications, attachments and insurance documents are deemed complete this Department will notify all interested parties, departments, agencies of the event. They will have 10 working days to respond with comments or concerns regarding this event.

At this time all road closures must be processed through the Board of Supervisors Office for approval and issued a Resolution at a regular meeting. Parades Special event permits do not need Board of Supervisors approval.

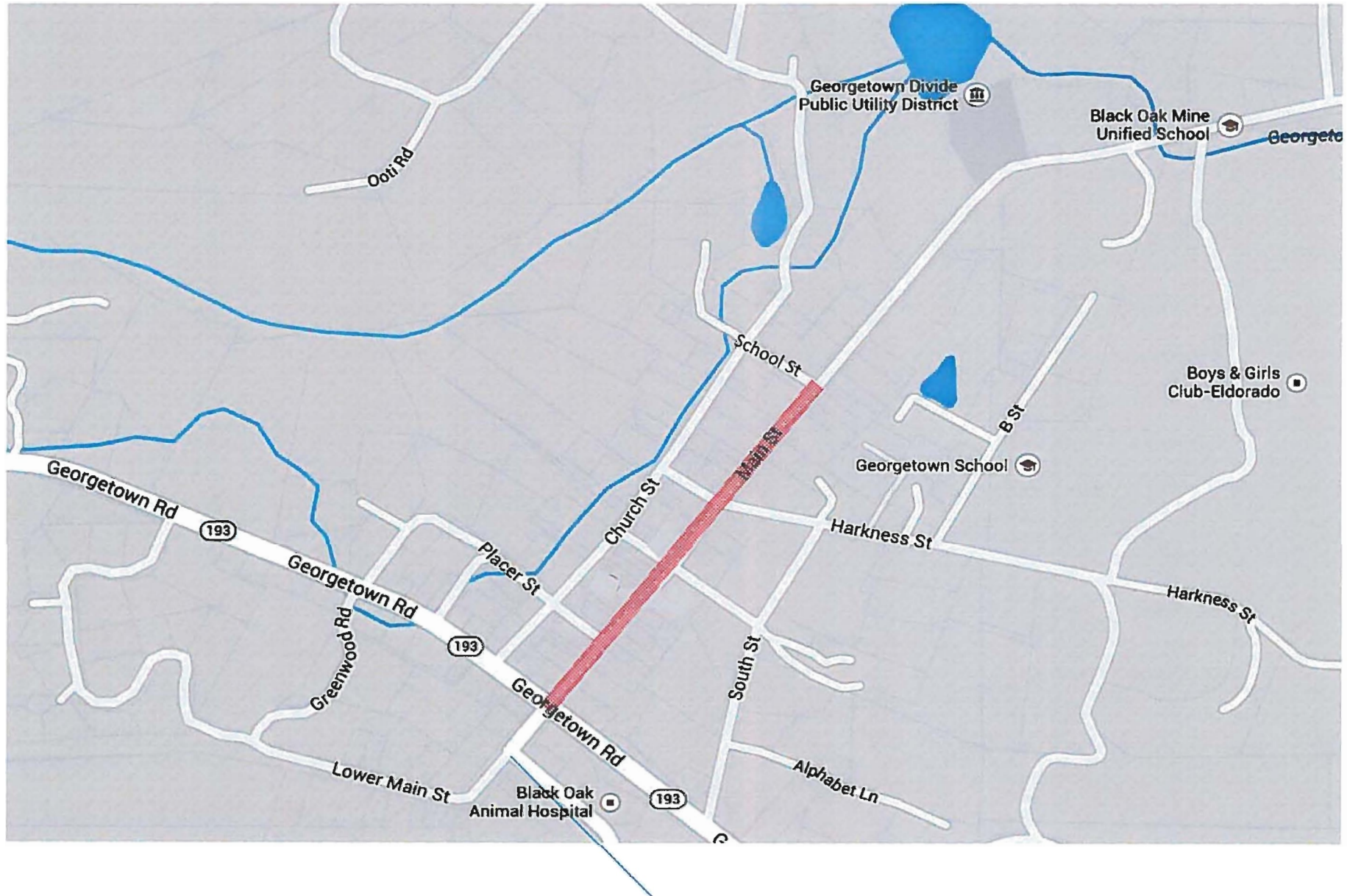
# Georgetown



Parking  
Sanitation  
Barricade

# Vicinity Map

## Jeepers Jamboree Vendor Show and Outdoor Expo





# CERTIFICATE OF LIABILITY INSURANCE

OP ID: 03

DATE (MM/DD/YYYY)

04/07/2016

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).

<b>PRODUCER</b> Seabury, Copland & Anderson P.O. Box 1169 Madera, CA 93639 Steve Copland		<b>CONTACT NAME:</b> Steve Copland <b>PHONE (A/C, No, Ext):</b> 559-673-7027 <b>FAX (A/C, No):</b> 559-673-9210 <b>E-MAIL ADDRESS:</b> steve@seaburycopland.com <b>PRODUCER CUSTOMER ID #:</b> JEEPE-1	
<b>INSURED</b> Jeepers Jamboree and Jeep Jamboree Inc. P. O. Box 900 Georgetown, CA 95634		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Scottsdale Insurance Co. <b>NAIC #</b> 15580 <b>INSURER B:</b> Evanston Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		CPS2306035	12/01/2015	12/01/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/POP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
							\$
							\$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			XOBW6286815	12/01/2015	12/01/2016	AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N		N/A				WC STATUTORY LIMITS OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder is named as Additional Insured pertaining to form CG 20 11 04 13.

Event taking place July 27, 2016 to July 31, 2016

**CERTIFICATE HOLDER****CANCELLATION**County of El Dorado  
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 REPRESENTATIVE

Steve Copland

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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

<b>Designation Of Premises (Part Leased To You):</b> JULY 27, 2016 (ROAD CLOSURE MAIN STREET) OUTDOOR EXPO JULY 27 - JULY 31 AND AUGUST 4 - AUGUST 7, 2016. (PARADE PERMIT)
<b>Name Of Person(s) Or Organization(s) (Additional Insured):</b> COUNTY OF EL DORADO DEPARTMENT OF TRANSPORTATION 2850 FAIRLANE COURT, PLACERVILLE, CA 95667
<b>Additional Premium:</b> \$            50
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 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(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. 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.