## this applicamon yuit be suamitted at least ele difs phion to thir roan

## THE FOLLOWINE CONDITIONS A E REQUYRED FOR ALL ROAD CLOSUPTES:

1. The organizers shall provide a detalled signinc and detd pian for any proposed closure of a major county road. This signing/detour plan should ideflity the type and location of all signs, barricades, conas, and flaggers. The plan must be attaffed to this application when it is submitred for review.
2. The organizars shall provtde proof that the owners of the ladjacent buslanss along the road closure are in acreement. with proposed closure. These agroemfopts must be attached to this appilcation when it is submitted for review.
3. The organizers shall be responsible for providinc allsjad controls.
4. Woodenbarticedes shall be niaced esross the County rod to close the road. Barricades shail also be placed across all intersecting roads to deny access to the dosed road.
5. A ROCAD CLOSED" slgn shall be placed at aach barricad intersaction. Each sign shall measura at least 48 inches by 30 inches, with 8 inch hlack letter on o whike backaround.
6. The organizers shall remove all signs, all pavernent malings or other materials immediately following the event. The organizers shall also remove didebris deposited by particlpants and spectators.
7. The organizers shall provide a Cetificate of Insurance, faming EI Doredo County Deparment of Iransportation additionally lasured, in the amount of $\$ 1000000,00$ (one million dollarsl as required by the El Dorado County Risk Manager.
8. To the fullest extent allowed by law the Organizer shall Befend, indemnify, and hotd the County mormiess againgt and from any and all claims, sults, tosts, damages, and liabilty for damages of every rame, kind and description, including attornay's fes and costs incurred, brought for, or on account of, injuries to or death of any person, including put not limited to workers, County amployees, and the publle, or damage to property, or in dnyway arise out of are connected with the work by the Organizer, his agents or employees ine phing contractor's services, operation or performance hereunder, regardless of the existence or dpree of faut or negligence on the part of the County, the Orgenizer, contrector, subcontractor(s) pid employee(s) or any of these, except for part of the sole, or active negligence of the county, officers and employees, or as expressly prescribed by statute. This duty of the Organizer to ind phnify and save the County harmies; includes the duties to defined set forth in Califormia Civi Code Section 2778.



NOTE: This sketch may serve as the "SIGN $\quad$ G/DET OUR PLAN" if it clearly identifies the type and location of all proposod sign, barricades, cones, and flaggers.

## ACORD. CERTIFICATE OF LIABILITY INSURANCE

Probucer
Mother Lode insurance Services LLC
PO Box 1310
Shingle Springs, CA 95682
$530-677-8755$

| msURED |
| :--- |
| POLLOCK PINES CAMINO COMMUNITY CENTER, |
| POBOX 1195 |

## POLLOCK PINES, CA 95726

## COVERAGES



|  |  |
| :---: | :---: |
|  |  |
|  |  |



DESCRIPTION OF OPERATIONBILOCATIONGIVEHICLESIEXCLUSIONS ADDEO QY ENOOREEMENT/SPECLL PRONLS MS
Additional insured: EL DORADO COUNTY DEPT OF TRANSPORTATION

CERTIFICATEHOLDER
EL DORAOO COUNTY DEPT OF TRANSPORTATION
2850 FAIR LANE
PLACERVLLE, CA 95667

## CANCELLAT.ON


 NOTCE TO THED CITHELTE MOLOER NAMEO TO THE LEFT, BUT FALURE TO DO SO SHAL. MPOSE NO OELAATKO OR LABLITY OF ANY KND UPON THE WSURER, TTS AGENTS OR REPRESEATAT



ISO Commercial General Liability Forms $101 / 01 / 96$
POLICY NUMBER: Refer to SCP0572604
Certificate of Insurance
Certificate Number: NAEP018179

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. ADDITIONAL INSURED - MANAGERS OF 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): POLLOCK PINES COMMUNITY
2. Name of Person or Organization (Additional Insured): EL DORADO COUNTY DEPT OF TRANSPORTATION Additional insured: EL DORADO COUNTY DEPT OF TRANSPORTATION

## 3. Additional Premium:

(If no entry appears above, the information required to complete this endors ment will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured th person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance of se of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusion:

This insurance does not apply to:

1. Any "occurtence" which takes place after you cease to be a tenant in that tres.
2. Structural alterations, new construction or demolition operations performet by or on behalf of the person or organization shown in the Schedule

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