



MARIPOSA COUNTY

Board of Supervisors • 209-966-3222



RESOLUTION - ACTION REQUESTED 2018-409

MEETING: August 21, 2018
TO: The Board of Supervisors
FROM: Rosemarie Smallcombe, District I Supervisor
RE: Declare 33Rd Annual Coulterville Coyotefest a County-Sponsored Event

RECOMMENDATION AND JUSTIFICATION:

Declare the 33rd Annual Coulterville Coyotefest to be Held at the Coulterville Town Park and on Historic Main Street on September 22, 2018, as a County Sponsored Event.

This event will include a parade, coyote howling contests, food booths, arts and crafts booths, and a car show.

Beer and wine will be served and sponsored by the Northern Mariposa County History Center. A Certificate of Insurance naming the County as additional insured for this activity has been provided.

By designating the activities of the Coulterville Coyotefest at the Coulterville Park and Historic Main Street as County-sponsored, the County's insurance will provide coverage should a claim occur, with the exception of the beer and wine booth and any claim arising from this activity.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has approved this event in the past as a County sponsored event. Additionally, the Board has approved other community activities in the past as County-sponsored for insurance purposes.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

If the Board does not approve this event as County-sponsored, the event coordinator will need to purchase insurance.

ATTACHMENTS:

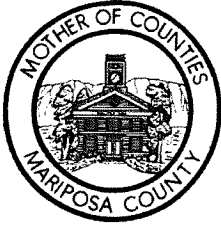
No Mariposa Co History Center Cert of Insurance (PDF)

RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]

MOVER: Marshall Long, District III Supervisor

SECONDER: Merlin Jones, District II Supervisor

AYES: Smallcombe, Jones, Long, Cann, Menetrey



**Mariposa County
Department of Public Works**

Airport – Cemeteries – Engineering – Facilities
Fleet Maintenance – Parks & Rec – Plant Operations
Roads – Solid Waste – Surveyor – Transportation

4639 Ben Hur Road
Mariposa, CA 95338
(209) 966-5356 office
(209) 966-2828 fax
www.mariposacounty.org

Team, Service, Stewardship

**Coulterville Coyote Howl
Helen Bauman
10301 Hwy 49
Coulterville, CA 95311**

**Permit No.: 5221
One Day Permit
September 22, 2018**

In compliance with your application as of **April 9, 2017**, and subject to all the terms, conditions and restrictions written below and/or attached as general provisions on any part of this form.

On: Mariposa County Roads: Broadway, Cemetery, Main Street & Park Street

Permission granted for: **Coulterville Coyote Howl – Festival Parade. To be held on Saturday September 23, 2017 from 10:00 a.m. till 11:00 a.m. Parade will stage at Broadway & Cemetery Proceed down Cemetery to Main Street Up To Hwy 49 – North to Broadway – End at Cemetery. Close Main Street & Park Street during event and Car Show using barricades.**

Permission granted to: **Hang banner (two weeks prior to event) on existing banner poles located near Main St & Broadway Rd. intersection.**

- 1. Bottom of banner to be 18' above road**
- 2. Banner must be secured at all four corners with adequate rope or cable.**

Times Of Festival - 7:00 a.m. – 5:00 p.m.

- 1. Applicant shall comply with all applicable Federal, State, and Local Laws and Regulations.**
- 2. Financially responsible for any and all damages to County Property.**
- 3. Applicant shall notify the County A.S.A.P of any emergency.**
 - Proper traffic control and signing will be maintained within the County Road or Right-Of-Way.**
 - Any resulting road failure shall be repaired, upon request of this office, by the applicant or applicant's contractor.**
 - Any change other than approved above, requires prior approval.**
 - This permit must be in possession of applicant or authorized contractor.**

Applicant to notify proper safety/public organizations of event: CalFire, CHP, Mariposa County Sheriff, Health Department, Public Utilities District, YARTS, Mercy Ambulance and Mariposa County Fire.

Issued By :  Date: 8-2-18

***Contact Mariposa County Road Department to arrange for Barricades.**

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
ENCROACHMENT PERMIT
 TR-0120 (REV. 6/2012)

Permit No. 1018-NSE-0406	
Dist/Co/Rte/PM 10-MPA-49-44.71/44.78	
Date July 25, 2018	
Fee Paid \$ Exempt	Deposit \$
Performance Bond Amount (1) \$	Payment Bond Amount (2) \$
Bond Company	
Bond Number (1)	Bond Number (2)

In compliance with (Check one):

- Your application of **July 18, 2018**
- Utility Notice No. _____ of _____
- Agreement No. _____ of _____
- RW Contract No. _____ of _____

TO:
Mariposa County Public Works
4639 Ben Hur Road
Mariposa, CA 95338

ATTN: Mike Heely
TEL : (209) 966-5356
, PERMITTEE

And subject to the following, PERMISSION IS HEREBY GRANTED to:


Conduct the annual "Coulterville Coyote Festival Parade" along Highway 49 between Broadway Street and Water Street in Mariposa County. Parade will be on Saturday, September 22, 2018 between the hours of 10:00 AM and 12:00 noon. The CHP shall assist with Traffic Control. Mariposa County will provide control material for the detour. Traffic control shall be as directed by the State representative.

THIS PERMIT IS NOT A PROPERTY RIGHT AND DOES NOT TRANSFER WITH THE PROPERTY TO A NEW OWNER

The following attachments are also included as part of this permit (Check applicable):			In addition to fee, the permittee will be billed actual costs for:		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	General Provisions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Review
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Utility Maintenance Provisions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Inspection
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Special Provisions T	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Field Work
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	A Cal-OSHA permit, if required: Permit No. _____	(If any Caltrans effort expended)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	As-Built Plans Submittal Route Slip for Locally Advertised Projects			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Storm Water Pollution Protection Plan			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	The information in the environmental documentation has been reviewed and considered prior to approval of this permit.			

This permit is void unless the work is complete before **September 23, 2018.**

This permit is to be strictly construed and no other work other than specifically mentioned is hereby authorized. No project work shall be commenced until all other necessary permits and environmental clearances have been obtained.

Original: Permittee 2-Bob Gill 1-Maintenance 1-PIO 1-File George	APPROVED: DENNIS T. AGAR, District Director  NELSON MAGSAYO, District Permit Engineer	7/25/2018
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ADA NOTICE: For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.



CERTIFICATE OF LIABILITY INSURANCE

CMV
R004DATE (MM/DD/YYYY)
8/6/2018

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 have ADDITIONAL INSURED provisions or 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 WIAA INSURANCE SERVICES/PHS 129801 P: (866) 467-8730 F: (888) 443-6112 PO BOX 33015 SAN ANTONIO TX 78265	CONTACT NAME		
	PHONE (A/C No. Ext)	(866) 467-8730	FAX (A/C No.) (888) 443-6112
	E-MAIL ADDRESS		
	INSURER(S) AFFORDING COVERAGE	NAIC#	
	INSURER A	Sentinel Ins Co LTD	11000
INSURED NORTHERN MARIPOSA COUNTY HISTORY 10301 STATE HIGHWAY 49 COULTERVILLE CA 95311	INSURER B		
	INSURER C		
	INSURER D		
	INSURER E		
	INSURER F		

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 RYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			57 SEA BE1471	02/08/2018	02/08/2019	EACH OCCURRENCE	\$2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input checked="" type="checkbox"/> General Liab	X					MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$4,000,000
	OTHER						PRODUCTS - COM/OP AGG	\$4,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT	\$
	If yes describe under DESCRIPTION OF OPERATIONS below						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)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER

County of Mariposa
5100 BULLION ST
MARIPOSA, CA, 95338

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

Susan S. Castaneda

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