


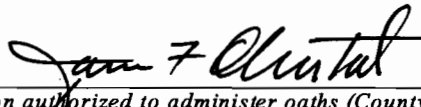
DISTRICT COURT, ARAPAHOE COUNTY, COLORADO 7325 S. Potomac St. Englewood, CO 80112	
IN RE THE MATTER OF SOUTH METRO FIRE RESCUE	▲ COURT USE ONLY ▲
Attorneys for the District: GRIMSHAW & HARRING, P.C. Matthew R. Dalton 1700 Lincoln Street, Suite 3800 Denver, Colorado 80203 (303) 839-3800 (303) 839-3838 - Facsimile E-mail: <a href="mailto:m@grimshawharring.com">m@grimshawharring.com</a> Atty. Reg. #:11192	Case No. 64 CV 9110
<b>OATH OF OFFICE</b>	

I, **LAURA L. SIMON**, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of South Metro Fire Rescue upon which I am about to enter.

By:   
Laura L. Simon

STATE OF COLORADO     )  
  ) ss.  
COUNTY OF ARAPAHOE    )

Subscribed and sworn to before me this 21<sup>st</sup> day of May, 2012, by Laura L. Simon.

By:   
*Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Notary Public or Chairman of the Board of Directors)*

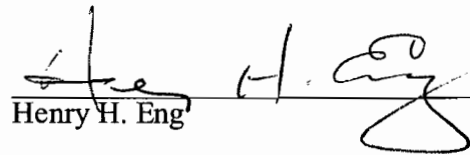
Title: Notary Public

My Commission expires September 21, 2014 (if by notary)

DISTRICT COURT, ARAPAHOE COUNTY, COLORADO 7325 S. Potomac St. Englewood, CO 80112	▲ COURT USE ONLY ▲
IN RE THE MATTER OF SOUTH METRO FIRE RESCUE	
Attorneys for the District: GRIMSHAW & HARRING, P.C. Matthew R. Dalton 1700 Lincoln Street, Suite 3800 Denver, Colorado 80203 (303) 839-3800 (303) 839-3838 - Facsimile E-mail: <a href="mailto:m@grimshawharring.com">m@grimshawharring.com</a> Atty. Reg. #:11192	Case No. 64 CV 9110
<b>OATH OF OFFICE</b>	

I, **HENRY H. ENG**, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of South Metro Fire Rescue upon which I am about to enter.

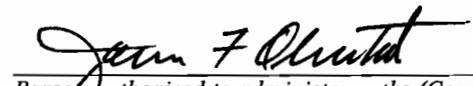
By:

  
Henry H. Eng

STATE OF COLORADO     )  
  ) ss.  
COUNTY OF ARAPAHOE    )

Subscribed and sworn to before me this 21<sup>st</sup> day of May, 2012, by Henry H. Eng.

By:

  
*Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Notary Public or Chairman of the Board of Directors)*

Title:

Notary Public

My Commission expires September 21, 2014 (if by notary)

**COMMON POLICY DECLARATIONS**

Arch Insurance Company 3100 Broadway, Suite 511 Kansas City, MO 64111 Phone: 800-821-5546	McNeil & Company Inc. PO Box 5670 20 Church Street Cortland, NY 13045
NAMED INSURED: <u>South Metro Fire Rescue Authority</u>	
MAILING ADDRESS: <u>9195 East Mineral Avenue</u> <u>Centennial, CO 80112</u>	
POLICY PERIOD: FROM <u>01/01/2012</u> TO <u>01/01/2013</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

BUSINESS DESCRIPTION	Fire and Rescue/EMS
----------------------	---------------------

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	
	PREMIUM
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART	\$ _____
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ _____ Incl.
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ _____ Incl.
COMMERCIAL INLAND MARINE COVERAGE PART	\$ _____
COMMERCIAL LIABILITY UMBRELLA	\$ _____
COMMERCIAL PROPERTY COVERAGE PART	\$ _____ Incl.
CRIME AND FIDELITY COVERAGE PART	\$ _____ Incl.
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART	\$ _____
EQUIPMENT BREAKDOWN COVERAGE PART	\$ _____
FARM COVERAGE PART	\$ _____
LIQUOR LIABILITY COVERAGE PART	\$ _____
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART	\$ _____
POLLUTION LIABILITY COVERAGE PART	\$ _____
	\$ _____
<b>TOTAL:</b>	<b>\$ 176,509</b>
Premium shown is payable: \$ _____ at inception. \$ _____	

Commercial Property TRIA \$5,903.00  
General Liability TRIA \$146.00

## CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)

The Crime And Fidelity Coverage Part (Commercial Entities) consists of this Declarations Form and the Commercial Crime Coverage Form.

**Coverage Is Written:**

☒

Primary

☐

Excess

☐

Coindemnity

☐

Concurrent

**Employee Benefit Plan(s) Included As Insureds:**

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	\$ \$1,000,000	\$ NA
2. Forgery Or Alteration	\$1,000,000	NA
3. Inside The Premises -- Theft Of Money And Securities	Not Covered	
4. Inside The Premises -- Robbery Or Safe Burglary Of Other Property	Not Covered	
5. Outside The Premises	Not Covered	
6. Computer Fraud	\$1,000,000	NA
7. Funds Transfer Fraud	\$1,000,000	NA
8. Money Orders And Counterfeit Money	Not Covered	

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

**If Added By Endorsement:**

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

**Endorsements Forming Part Of This Coverage Part When Issued:**

See attached form GU207

**Cancellation Of Prior Insurance Issued By Us:**

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos.

; the cancellation to be effective at the time this Coverage Part becomes effective.

**Countersignature Of Authorized Representative**

**Name:** McNeil & Company, Inc.

**Title:** President

**Signature:**



**Date:** 01/17/2012

**COMMON POLICY DECLARATIONS**

Arch Insurance Company 3100 Broadway, Suite 511 Kansas City, MO 64111 Phone: 800-821-5546	McNeil & Company Inc. PO Box 5670 20 Church Street Cortland, NY 13045
NAMED INSURED: <u>South Metro Fire Rescue</u>	
MAILING ADDRESS: <u>9195 E Mineral Ave</u> <u>Centennial, CO 80112</u>	
POLICY PERIOD: FROM <u>01/01/2012</u> TO <u>01/01/2013</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

BUSINESS DESCRIPTION	Fire and Rescue/EMS
----------------------	---------------------

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,  
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS  
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

	PREMIUM
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART	\$ _____
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ _____ Incl.
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ _____ Incl.
COMMERCIAL INLAND MARINE COVERAGE PART	\$ _____
COMMERCIAL LIABILITY UMBRELLA	\$ _____
COMMERCIAL PROPERTY COVERAGE PART	\$ _____
CRIME AND FIDELITY COVERAGE PART	\$ _____ Incl.
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART	\$ _____
EQUIPMENT BREAKDOWN COVERAGE PART	\$ _____
FARM COVERAGE PART	\$ _____
LIQUOR LIABILITY COVERAGE PART	\$ _____
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART	\$ _____
POLLUTION LIABILITY COVERAGE PART	\$ _____
	\$ _____
<b>TOTAL:</b>	<b>\$ 4,364</b>

Premium shown is payable: \$ \_\_\_\_\_ at inception. \$ \_\_\_\_\_

General Liability      TRIA      \$66.00

## CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)

The Crime And Fidelity Coverage Part (Commercial Entities) consists of this Declarations Form and the Commercial Crime Coverage Form.

**Coverage Is Written:**

**Primary**

**Excess**

**Coindemnity**

**Concurrent**
**Employee Benefit Plan(s) Included As Insureds:**

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	\$ \$500,000	\$ NA
2. Forgery Or Alteration	Not Covered	
3. Inside The Premises -- Theft Of Money And Securities	Not Covered	
4. Inside The Premises -- Robbery Or Safe Burglary Of Other Property	Not Covered	
5. Outside The Premises	Not Covered	
6. Computer Fraud	\$500,000	NA
7. Funds Transfer Fraud	\$500,000	NA
8. Money Orders And Counterfeit Money	Not Covered	
If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.		

**If Added By Endorsement:**

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

**Endorsements Forming Part Of This Coverage Part When Issued:**

See attached form GU207

**Cancellation Of Prior Insurance Issued By Us:**

**By acceptance of this Coverage Part you give us notice cancelling prior policy Nos.**

**; the cancellation to be effective at the time this Coverage Part becomes effective.**

**Countersignature Of Authorized Representative**

**Name:** McNeil & Company, Inc.

**Title:** President

**Signature:**



**Date:** 01/12/2012



DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO  Court Address: Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109  Phone Number: 303-663-7200		
IN RE THE MATTER OF PARKER FIRE PROTECTION DISTRICT		
Robert G. Cole Collins Cockrel & Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 E-Mail: rcole@cccfirm.com Atty. Reg #: 15943		
		▲ COURT USE ONLY ▲  Case No.: 66CV3547  Div.:                      Ctrm.:
<b>OATH OF OFFICE</b>		

I, Allan O. Johnson, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of the Parker Fire Protection District upon which I am about to enter.

  
 Allan O. Johnson

STATE OF COLORADO

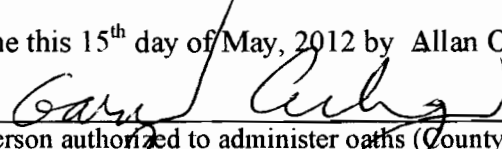
)

) ss.

COUNTY OF DOUGLAS

)

Subscribed and sworn to before me this 15<sup>th</sup> day of May, 2012 by Allan O Johnson.

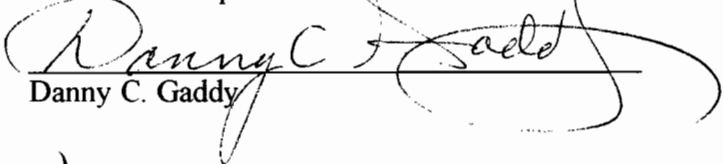
  
 Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Notary Public, Chairman of the Board or any other person authorized to administer oaths)

Title: Chairman of the Board

My commission expires: \_\_\_\_\_

<b>DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO</b>  Court Address: Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109  Phone Number: 303-663-7200	
<b>IN RE THE MATTER OF PARKER FIRE PROTECTION DISTRICT</b>	
Robert G. Cole Collins Cockrel & Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 E-Mail: rcole@cccfirm.com Atty. Reg #: 15943	<b>▲ COURT USE ONLY ▲</b>  Case No.: 66CV3547  Div.:                      Ctrm.:
<b>OATH OF OFFICE</b>	

I, Danny C. Gaddy, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of the Parker Fire Protection District upon which I am about to enter.

  
 \_\_\_\_\_  
 Danny C. Gaddy

STATE OF COLORADO

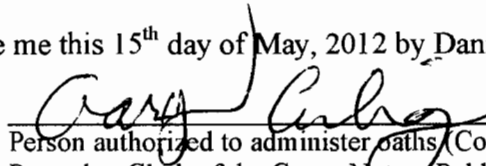
)

) ss.

COUNTY OF DOUGLAS

)

Subscribed and sworn to before me this 15<sup>th</sup> day of May, 2012 by Danny C. Gaddy.

  
 \_\_\_\_\_  
 Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Notary Public, Chairman of the Board or any other person authorized to administer oaths)

Title: Chairman of the Board

My commission expires: \_\_\_\_\_

DISTRICT COURT, DOUGLAS COUNTY,  
STATE OF COLORADO

Court Address: Douglas County Justice Center  
4000 Justice Way, Suite 2009  
Castle Rock, CO 80109

Phone Number: 303-663-7200

IN RE THE MATTER OF PARKER FIRE PROTECTION  
DISTRICT

Robert G. Cole  
Collins Cockrel & Cole  
390 Union Blvd., Suite 400  
Denver, Colorado 80228-1556  
Telephone: (303) 986-1551  
Facsimile: (303) 986-1755  
E-Mail: rcole@cccfirm.com  
Atty. Reg #: 15943

▲ COURT USE ONLY ▲

Case No.: 66CV3547

Div.: Ctrm.:

OATH OF OFFICE

I, Ronda Scholting, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of the Parker Fire Protection District upon which I am about to enter.

  
Ronda Scholting

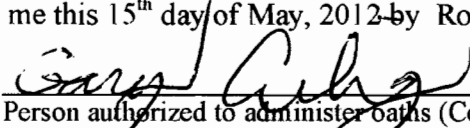
STATE OF COLORADO

)  
) ss.

COUNTY OF DOUGLAS

)

Subscribed and sworn to before me this 15<sup>th</sup> day of May, 2012 by Ronda Scholting.

  
Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Notary Public, Chairman of the Board or any other person authorized to administer oaths)

Title: Chairman of the Board

My commission expires: \_\_\_\_\_

POLICY NUMBER: MEPK07883400

IL DS 00 09 08

## COMMON POLICY DECLARATIONS

Arch Insurance Company 3100 Broadway, Suite 511 Kansas City, MO 64111 Phone: 800-821-5546	McNeil & Company Inc. PO Box 5670 20 Church Street Cortland, NY 13045
NAMED INSURED: <u>South Metro Fire Rescue Authority</u>	
MAILING ADDRESS: <u>9195 East Mineral Avenue</u> <u>Centennial, CO 80112</u>	
POLICY PERIOD: FROM <u>01/01/2012</u> TO <u>01/01/2013</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

BUSINESS DESCRIPTION	Fire and Rescue/EMS
----------------------	---------------------

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,  
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS  
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

	PREMIUM
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART	\$ _____
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ _____ Incl.
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ _____ Incl.
COMMERCIAL INLAND MARINE COVERAGE PART	\$ _____
COMMERCIAL LIABILITY UMBRELLA	\$ _____
COMMERCIAL PROPERTY COVERAGE PART	\$ _____ Incl.
CRIME AND FIDELITY COVERAGE PART	\$ _____ Incl.
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART	\$ _____
EQUIPMENT BREAKDOWN COVERAGE PART	\$ _____
FARM COVERAGE PART	\$ _____
LIQUOR LIABILITY COVERAGE PART	\$ _____
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART	\$ _____
POLLUTION LIABILITY COVERAGE PART	\$ _____
	\$ _____
	<b>TOTAL: \$ 176,509</b>
Premium shown is payable: \$ _____ at inception. \$ _____	

Commercial Property	TRIA	\$5,903.00
General Liability	TRIA	\$146.00

## CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)

The Crime And Fidelity Coverage Part (Commercial Entities) consists of this Declarations Form and the Commercial Crime Coverage Form.

**Coverage Is Written:**



Primary



Excess



Coindemnity



Concurrent

**Employee Benefit Plan(s) Included As Insureds:**

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	\$ \$1,000,000	\$ NA
2. Forgery Or Alteration	\$1,000,000	NA
3. Inside The Premises -- Theft Of Money And Securities	Not Covered	
4. Inside The Premises -- Robbery Or Safe Burglary Of Other Property	Not Covered	
5. Outside The Premises	Not Covered	
6. Computer Fraud	\$1,000,000	NA
7. Funds Transfer Fraud	\$1,000,000	NA
8. Money Orders And Counterfelt Money	Not Covered	

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

**If Added By Endorsement:**

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

**Endorsements Forming Part Of This Coverage Part When Issued:**

See attached form GU207

**Cancellation Of Prior Insurance Issued By Us:**

**By acceptance of this Coverage Part you give us notice cancelling prior policy Nos.**

**; the cancellation to be effective at the time this Coverage Part becomes effective.**

**Countersignature Of Authorized Representative**

**Name:** McNeil & Company, Inc.

**Title:** President

**Signature:**



**Date:** 01/17/2012

**COMMON POLICY DECLARATIONS**

Arch Insurance Company  
3100 Broadway, Suite 511  
Kansas City, MO 64111  
Phone: 800-821-5546

McNeil & Company Inc.  
PO Box 5670  
20 Church Street  
Cortland, NY 13045

NAMED INSURED: Parker Fire Protection District

MAILING ADDRESS: 9195 E Mineral Ave  
Centennial, CO 80112

POLICY PERIOD: FROM 01/01/2012 TO 01/01/2013 AT 12:01 A.M. STANDARD  
TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION Fire and Rescue/EMS

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

	PREMIUM
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART	\$ _____
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ _____ Incl.
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ _____ Incl.
COMMERCIAL INLAND MARINE COVERAGE PART	\$ _____
COMMERCIAL LIABILITY UMBRELLA	\$ _____
COMMERCIAL PROPERTY COVERAGE PART	\$ _____
CRIME AND FIDELITY COVERAGE PART	\$ _____ Incl.
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART	\$ _____
EQUIPMENT BREAKDOWN COVERAGE PART	\$ _____
FARM COVERAGE PART	\$ _____
LIQUOR LIABILITY COVERAGE PART	\$ _____
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART	\$ _____
POLLUTION LIABILITY COVERAGE PART	\$ _____
	\$ _____
<b>TOTAL:</b>	<b>\$ 1,796</b>

Premium shown is payable: \$ \_\_\_\_\_ at inception. \$ \_\_\_\_\_

General Liability      TRIA      \$15.00

## CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)

The Crime And Fidelity Coverage Part (Commercial Entities) consists of this Declarations Form and the Commercial Crime Coverage Form.

**Coverage Is Written:**

**Primary**

**Excess**

**CoIndemnity**

**Concurrent**
**Employee Benefit Plan(s) Included As Insureds:**

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	\$ \$500,000	\$ NA
2. Forgery Or Alteration	Not Covered	
3. Inside The Premises -- Theft Of Money And Securities	Not Covered	
4. Inside The Premises -- Robbery Or Safe Burglary Of Other Property	Not Covered	
5. Outside The Premises	Not Covered	
6. Computer Fraud	\$500,000	NA
7. Funds Transfer Fraud	\$500,000	NA
8. Money Orders And Counterfeit Money	Not Covered	

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

**If Added By Endorsement:**

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

**Endorsements Forming Part Of This Coverage Part When Issued:**

See attached form GU207



**Cancellation Of Prior Insurance Issued By Us:**

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos.  
; the cancellation to be effective at the time this Coverage Part becomes effective.

**Countersignature Of Authorized Representative**

**Name:** McNeil & Company, Inc.

**Title:** President

**Signature:**



**Date:** 01/12/2012