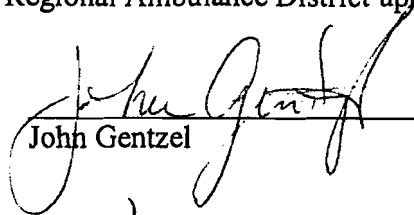


DISTRICT COURT, TELLER COUNTY, STATE OF COLORADO Court Address: Teller County Courthouse 101 W. Bennett Avenue P. O. Box 997 Cripple Creek, CO 80813 Phone Number: 719-689-2574	
IN RE THE MATTER OF UTE PASS REGIONAL AMBULANCE DISTRICT	
Robert G. Cole Collins Cockrel & Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 E-Mail: rcole@cccfirm.com Atty. Reg #: 15943	▲ COURT USE ONLY ▲ Case No.: 04CV263 Div.: Ctrm.:
OATH OF OFFICE	

I, John Gentzel, 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 Ute Pass Regional Ambulance District upon which I am about to enter.

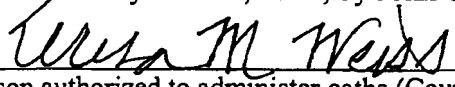


 John Gentzel

STATE OF COLORADO)
) ss.
 COUNTY OF TELLER)

Subscribed and sworn to before me this 5th day of June, 2012, by John Gentzel.

TERESA M WEISS
NOTARY PUBLIC
STATE OF COLORADO
 My Commission Expires 10-12-2014



 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: Notary Public

My commission expires: 10-12-2014

Named Insured:
UTE PASS REGIONAL AMBULANCE
DISTRICT

Policy Number: VFIS-TR-2061712-04/000
Policy Period: From: 01-20-2012
To: 01-20-2013

CRIME COVERAGE PART DECLARATIONS

Public Employee Blanket Bond – Form P

Covered Entity:
UTE PASS REGIONAL AMBULANCE DISTRICT

Limit of Insurance	Deductible	Faithful Performance
\$ 100,000	None	No

SPECIFIC EXCESS LIMIT OF INSURANCE – NAME SCHEDULE

<u>Names of Covered "Employees"</u>	<u>Excess Limit of Insurance Each "Employee"</u>	<u>Faithful Performance</u>
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SPECIFIC EXCESS LIMIT OF INSURANCE – POSITION SCHEDULE

<u>Titles of Positions</u>	<u>Number of "Employees" in Each Position</u>	<u>Excess Limit of Insurance Each "Employee"</u>	<u>Faithful Performance</u>
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Named Insured:
UTE PASS REGIONAL AMBULANCE
DISTRICT

Policy Number: VFIS-TR-2061712-04/000
Policy Period: From: 01-20-2012
To: 01-20-2013

CRIME COVERAGE PART DECLARATIONS

Public Employee Dishonesty – Position Schedule

Covered Entity:
UTE PASS REGIONAL AMBULANCE DISTRICT

Position Title	# in Position	Limit of Insurance	Deductible	Faithful Performance
DIRECTORS	5	\$ 10,000	None	Yes
TREASURER	1	\$ 50,000	None	Yes
CEO	1	\$ 50,000	None	Yes
OFFICE MANAGER	1	\$ 50,000	None	Yes



PUBLIC EMPLOYEE DISHONESTY COVERAGE FORM
(Coverage Form P - Position Schedule)

SCHEDULE

Titles of Covered Positions	Number of "Employees" Each Position	Limit of Insurance Each "Employee"	Deductible Amount
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[If no entry appears above, the information required to complete this coverage form will be shown in the Declarations as applicable to this coverage form.]

A. COVERAGE

We will pay for loss of, and loss from damage to, covered property resulting directly from the covered cause of loss.

1. **Covered Property:** "Money", "securities" and "property other than money and securities".
2. **Covered Cause of Loss:** "Employee dishonesty".
3. **Coverage Extension**

Employees Temporarily Outside Coverage Territory: We will pay for loss caused by any "employee" you engage to perform the duties of a position shown in the schedule while that "employee" is temporarily outside the territory specified in General Condition B.16. for a period not more than 120 days.

B. LIMIT OF INSURANCE

1. The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the schedule.
2. Regardless of the number of years this insurance applies as respects a specific "employee", the most we will pay in total is the largest Limit of Insurance applicable to that "employee" even though:
 - a. The coverage for that "employee" is not continuous because it has been cancelled for one or more periods; or
 - b. The Limit of Insurance applicable to that "employee" is changed.
3. The following provisions also apply:
 - a. The most we will pay for an "employee" serving in more than one position is the largest Limit of Insurance in effect and applicable to any one of those positions at the time loss is discovered.
 - b. If at the time loss is discovered there are more "employees" serving in a covered position than the number of "employees" listed opposite that position in the schedule, the Limit of Insurance applicable to that position will be reduced. The reduced Limit of Insurance will be computed by multiplying the limit shown in the schedule by a factor obtained by dividing the number of "employees" shown in the schedule by the actual number of "employees" serving in that position at the time loss is discovered.

Named Insured:
UTE PASS REGIONAL EMERGENCY MEDICAL
SERVICES PARTNERSHIP

Policy Number: VFIS-TR-2061704-04/000
Policy Period: From: 01-20-2012
To: 01-20-2013

CRIME COVERAGE PART DECLARATIONS

Public Employee Dishonesty – Position Schedule

Covered Entity:
UTE PASS REGIONAL EMERGENCY MEDICAL SERVICES PARTNERSHIP

Position Title	# in Position	Limit of Insurance	Deductible	Faithful Performance
TREASURER	1	\$ 10,000	None	Yes
DIRECTOR	1	\$ 5,000	None	Yes
BOARD MEMBER	3	\$ 1,000	None	Yes



PUBLIC EMPLOYEE DISHONESTY COVERAGE FORM
(Coverage Form P - Position Schedule)

SCHEDULE

Titles of Covered Positions	Number of "Employees" Each Position	Limit of Insurance Each "Employee"	Deductible Amount
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