DISTRICT COU STATE OF COL	RT, TELLER COUNTY, ORADO	
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 MAT AMBULANCE I	TTER OF UTE PASS REGIONAL DISTRICT	
Robert G. Cole		▲ COURT USE ONLY ▲
Collins Cockrel & 390 Union Blvd., Denver, Colorado	Suite 400	Case No.: 04CV263
Telephone: (303 Facsimile: (303 E-Mail: rcole@c Atty. Reg #: 159) 986-1755 ccfirm.com	Div.: Ctrm.:
		СПОР .

OATH OF OFFICE

I, George Parkhurst, 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.

George Parkhurst

)

STATE OF COLORADO

COUNTY OF TELLER

TERESA M WEISS NOTARY PUBLIC

STATE OF COLORADO

My Commission Expires 10-12-2014

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

SS.

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)

Noking Public Title: My commission expires:

DISTRICT COU STATE OF COL	RT, TELLER COUNTY, ORADO	
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 MAT AMBULANCE I	TTER OF UTE PASS REGIONAL DISTRICT	
Robert G. Cole		▲ COURT USE ONLY ▲
Collins Cockrel & Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551		Case No.: 04CV263 Div.: Ctrm.:
Facsimile: (303		
E-Mail: rcole@c Atty. Reg #: 159		
· · ·		

DATH OF OFFICE

I, Jeff Idleman, 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.

Jeff Juleman

STATE OF COLORADO

COUNTY OF TELLER

TERESA M WEISS

NOTARY PUBLIC STATE OF COLORADO

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

SS.

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)

My Commission Expires 10-12-2014 Notang Public Title: My commission expires: <u>///</u> 12-2014

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	▲ COURT USE ONLY ▲
Collins Cockrel & Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556	Case No.: 04CV263
Telephone: (303) 986-1551 Facsimile: (303) 986-1755 E-Mail: rcole@cccfirm.com	Div.: Ctrm.:
Atty. Reg #: 15943	

UAID 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) SS.

STATE OF COLORADO

COUNTY OF TELLER

TERESA M WEISS NOTARY PUBLIC

STATE OF COLORADO

My Commission Expires 10-12-2014

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

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)

otany Public Title:

My commission expires: $10 - 12 - 201 \overline{4}$

Named Insured: UTE PASS REGIONAL AMBULANCE DISTRICT Policy Number: VFIS-TR-2061712-04/000 Policy Period: From: 01-20-2012 To: 01-20-2013

Faithful Performance

No

63118

CRIME COVERAGE PART DECLARATIONS

Public Employee Blanket Bond - Form P

Deductible

Covered Entity:

UTE PASS REGIONAL AMBULANCE DISTRICT

Limit of Insurance \$ 100,000

None

Names of Covered "Employees"		Excess Limit of Insurance Each "Employee"	Faithful Performance
		···	
SPECIFIC EXCESS I		POSITION SCHEDULE	
SPECIFIC EXCESS I	IMIT OF INSURANCE Number of "Employees" in Each Position	POSITION SCHEDULE Excess Limit of Insurance Each "Employee"	Faithful Performance
	Number of "Employees" in	Excess Limit of Insurance	
	Number of "Employees" in	Excess Limit of Insurance	

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

					Faithful
Position Title	# in Position		Limit of Insurance	Deductible	Performance
Position Title DIRECTORS TREASURER CEO OFFICE MANAGER	# in Position 5 1 1 1	\$P\$ \$P\$ \$P\$	Limit of Insurance 10,000 50,000 50,000 50,000	Deductible None None None	
VCR100 (11/06)				01-09-2012	



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

SCHEDULE

Titles of Covered Positions

Declarations as applicable to this coverage form.]

Number of "Employees" Each Position

Limit of Deductible Insurance Each "Employee"

Amount

If no entry appears above, the information required to complete this coverage form will be shown in the

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.

VCR104 (03/04)

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CRIME

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

				Faithful
Position Title	# in Position	Limit of Insurance	Deductible	Performance
TREASURER DIRECTOR BOARD MEMBER	1 1 3	\$ 10,000 5,000 1,000	None None None	Yes Yes Yes
L		 		
VCR100 (11/06)		 	12-27-2011	



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

[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.
- 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.

VCR104 (03/04)

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CRIME