

# NORTH FORK FIRE PROTECTION DISTRICT

DATE FILED  
January 9, 2025 9:37 AM  
FILING ID: 5615A6467BCD1  
CASE NUMBER: 1992CV2416

## Notice of Appointment

*At a noticed meeting on the date of January 3, 2025, pursuant to  
Section 32-1-905(3), C.R.S., the Board of Directors of the  
North Fork Fire Protection District appointed the  
following eligible elector to fill a vacancy on the Board of Directors:*

*Name: Natalie Arnett  
Address: 10126 Horizon View Dr.  
Morrison, Colorado 80465*

*This appointment will expire at the next regular election in May of 2025.*



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Dylan Woods, Attorney  
North Fork Fire Protection District

DISTRICT COURT, COUNTY OF JEFFERSON, STATE OF COLORADO Court Address:     Jefferson Combined Court 100 Jefferson County Parkway Golden, Colorado 80401 Phone Number:     303-271-6145	DATE FILED January 9, 2025 9:37 AM FILING ID: 5615A6467BCD1 CASE NUMBER: 1992CV2416
IN RE THE MATTER OF NORTH FORK FIRE PROTECTION DISTRICT	▲ COURT USE ONLY ▲
Dylan R. Woods Coaty and Woods, P.C. 1202 Bergen Parkway Suite 110 Evergreen, CO 80439 Telephone: (303) 674-0800 E-Mail: <a href="mailto:dwoods@evergreenco.law">dwoods@evergreenco.law</a> Atty. Reg#: 46731	Case No.: 1992CV2416  Div.:                   Ctm.:
OATH OF DIRECTOR	

I, Natalie Arnett, do [select swear , affirm, or swear by the everliving God] that I will faithfully support the Constitution of the United States, the Constitution of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of North Fork Fire Protection District upon which I am about to enter to the best of my ability.

  
 Natalie Arnett

Subscribed and sworn to before me this 3 day of JANUARY, 2025.

  
 Person authorized to administer oaths, i.e.  
 County Clerk and Recorder, Clerk of the Court,  
 or Chairman of the Board of Directors

**IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED**

STATE OF COLORADO     )  
                                       ) ss.  
 COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2025. Witness my hand and official seal.

[SEAL]

\_\_\_\_\_  
 Notary Public



NORTFOR-14

RMURRAY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/8/2025

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 License # 0757776 HUB International Insurance Services (COL) 2000 S. Colorado Blvd Tower 2, Suite 150 Denver, CO 80222	CONTACT NAME: PHONE (A/C, No, Ext): (303) 893-0300 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : National Union Fire Insurance Company of Pittsburgh, PA INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	January 9, 2025 9:37 AM FILING ID: 5615A6467BCD1 CASE NUMBER: 1992CV2418 (A/C, No): (866) 243-0727 NAIC # 19445
INSURED  North Fork FPD & North Fork Volunteer Fire Dept. PO Box 183 Buffalo Creek, CO 80425-0183		

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VFNU-TR-0024718-03	10/11/2024	10/11/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			VFNU-TR-0024718-03	10/11/2024	10/11/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	CFP51060407E-07	7/28/2024	7/28/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 50,000 E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime			VFNU-TR-0024718-03	10/11/2024	10/11/2025	Directs(4)Treas (1) 5,000
A	Accident			VFP41066913E-07	7/28/2024	7/28/2025	Volunteer 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Insurance

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