DISTRICT COUL	RT, DOUGLAS COUNTY, ORADO				
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 WEST DOUGLAS					
COUNTY FIRE PROTECTION DISTRICT					
		-			
Evan D. Ela		▲ COURT USE ONLY ▲			
Collins Cockrel & Cole		Case No.: 1980CV58			
390 Union Blvd., Suite 400		Case 110 1980e v 98			
Denver, Colorad	lo 80228-1556				
Telephone: 30	3.986.1551	Div.: 5 Ctrm.:			
Facsimile: 30	3.986.1755				
E Mail asla	ectirm com				
E-Mail: eela@c					
Attorney Reg. N					

I, $\underline{\checkmark } \mathcal{A} \land \mathcal{K} \mathcal{FC} \mathcal{Y}$, do affirm that I will support the Constitution of the United States, the Constitution of the State of Colorado, and the laws of the State of Colorado, and will faithfully perform the duties of the office of Director of the West Douglas County Fire Protection District upon which I am about to enter to the best of my ability.

Jun-1Spaj	
Signature	
) SS.	

Subscribed and sworn to before me thi	s_20th day of	January	, 20 ²¹ , by
John M. Krey		All_	

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

Title: President

STATE OF COLORADO

COUNTY OF DOUGLAS

<u>NOTICE OF APPOINTMENT TO THE</u> <u>BOARD OF DIRECTORS OF THE</u> <u>WEST DOUGLAS COUNTY FIRE PROTECTION DISTRICT</u>

TO: John M-Krey 4660 Lambert Ranch Tr. Schalia, Co. 80135

Pursuant to Section 32-1-905(3), C.R.S., notice is hereby given that you have been appointed to the Board of Directors of the West Douglas County Fire Protection District to fill a vacancy on the Board.

Dated this $20^{\pm h}$ day of $\int A_{NUAFY}$, $20 \underline{21}$.

WEST DOUGLAS COUNTY FIRE **PROTECTION DISTRICT** Jon (Mil By:

{00800621.DOCX / }

ACORD	

LKLIESEN

DATE (MIN/DD/YYY)	n
1/22/2021	

ACORD	CERT	IFICATE OF LL	ABILITY INS	URAN	CE		(MN/DD/YYYY) 22/2021
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRM BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCER.	A MATTE	R OF INFORMATION O R NEGATIVELY AMEND E DOES NOT CONSTIT	NLY AND CONFERS D, EXTEND OR ALT	NO RIGHTS	UPON THE CERTIFICA	TE HO	LDER. THIS
IMPORTANT: If the certificate hol If SUBROGATION IS WAIVED, sut this certificate does not confer right	der is an Al ject to the	DDITIONAL INSURED, the terms and conditions o	f the policy, certain	policies may			
PRODUCER	s to the cer	uncate noider in neu ors	CONTACT NAME:	•			
T. Charles Wilson Insurance Service			PHONE (A/C, No, Ext): (303) 3	68-5757	FAX (A/C. No	r(303)	368-5863
384 Inverness Parkway Suite 170 Englewood, CO 80112			ADDRESS: info@wil				
			INS	URER(S) AFFO	RDING COVERAGE		NAIC #
			INSURER A : OneBeacon Government Risks				20621
INSURED West Douglas County Fire Protection District [see other			INSURER B : Pinnaco	ol Assuran	ce		41190
Named Insureds]	: TOLEGUO	n bistrict [acc bird	INSURER C :				
P.O. Box 408 Sedalia, CO 80135			INSURER D : INSURER E :				
			INSURER F :				
COVERAGES C	ERTIFICAT	E NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POL INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF SU	REQUIREN	MENT, TERM OR CONDITION N, THE INSURANCE AFFOI	ON OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESI BED HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSR TYPE OF INSURANCE	ADDL SUB	R		POLICY EXP (MM/DD/YYYY)		ITS	
A X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
		7910009670005	1/1/2021	1/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
					MED EXP (Any one person)	\$	10,000 1,000,000
					PERSONAL & ADV INJURY	\$	5,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT X LOC					GENERAL AGGREGATE PRODUCTS - COMP/OP AGO	\$ 3 \$	5,000,000
					HEATH CARE AND	7 3 4	1,000,000
					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO		7910009670005	1/1/2021	1/1/2022	BODILY INJURY (Per person)	\$	
X HIRED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY					BODILY INJURY (Per acciden PROPERTY DAMAGE (Per accident)	t) \$ \$	
						\$	4 000 000
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-M/	DE	7910009670005	1/1/2021	1/1/2022	EACH OCCURRENCE	\$	4,000,000
					AGGREGATE Aggregate	\$	5.000.000
B WORKERS COMPENSATION					PER OTH- STATUTE ER		
	N N/A	50835	1/1/2021	1/1/2022	E.L. EACH ACCIDENT	\$	500,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOY	E \$	500,000
If yes, describe under DESCRIPTION OF OPERATIONS below		704000070005	4/4/2022/	414120000	E.L. DISEASE - POLICY LIM	r s	500,000
A General Liability A General Liability		7910009670005 7910009670005	1/1/2021 1/1/2021	1/1/2022 1/1/2022	Eact Act		1,000,000
A General Liability		1910009010000	1/1/2021	1/1/2022	Aggregate		5,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VE Accident & Health, Policy #PRC0854400 Accidental Death & Dismemberment, Po						620,000	
		·.···	CANOFILLATION	. <u></u>			****
						<u></u>	
For Information Only				N DATE TI	DESCRIBED POLICIES BE HEREOF, NOTICE WILL CY PROVISIONS.		
			AUTHORIZED REPRESE	NTATIVE			
1			Yava Kli				
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