t									
DISTRICT COURT, DOUGLAS COUNTY, COLO 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109	ORADO								
Telephone: 720-437-6200									
IN RE THE MATTER OF NORTH PINE VIST METROPOLITAN DISTRICT NO. 2	AS COURT USE ONLY A								
Attorneys for the District: SPENCER FANE LLP Busgell W. Dederton #20800	Case Number: 2011CV2303								
Russell W. Dykstra, #30899 1700 Lincoln Street, Suite 2000 Denver, CO 80203-4554	Division: 5								
(303) 839-3800 – Telephone; (303) 839-3838 – Fac E-mail: <u>rdykstra@spencerfane.com</u>	simile								
OATH OF OFFICE - BRYAN HORAN									
I, Bryan Horan, will faithfully support the Constitution of and the laws made pursuant thereto, and will faithfully perference Vistas Metropolitan District No. 2 upon which I at Signature: IF SWORN OR AFFIRMED BEFORE OFFICER OF THE COMPLETED: Subscribed and sworn to before me this 4th day of Management of the Complete Subscribed and Sworn to before me this 4th day of Management of the Complete Subscribed and Sworn to before me this 4th day of Management of the Complete Subscribed and Sworn to before me this 4th day of Management of the Complete Subscribed and Sworn to before me this 4th day of Management of the Complete Subscribed and Sworn to before me this 4th day of Management of the Complete Subscribed Subscrib	THE BOARD THE FOLLOWING SHOULD BE								
OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, TH	HE FOLLOWING SHOULD BE COMPLETED:								
STATE OF COLORADO)									
COUNTY OF) ss.									
Subscribed and sworn to before me this day of	, 2022, by Bryan Horan, Director.								
My Notary Commission expires on									
(SEAL)	otary Public								

^{***}Persons authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths***

KIMT01

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/20/2022

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).

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PRODUCER T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112			CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757 E-MAIL ADDRESS: tcwinfo@wilsonins.com							
3					ADDICE			RDING COVERAGE		NAIC#
					INSURE	RA: CNA SI				0022
INSURED				INSURER B:						
North Pine Vistas Metropolitan District No. 2			INSURER C:							
c/o Spencer Fane, LLP 1700 Lincoln St. Suite 2000				INSURER D:						
Denver, CO 80203-4538					INSURER E :					
					INSURER F:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER		
IN CI	HIS IS TO CERTIFY THAT THE POLICIEDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RE	SPECT TO	O WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	L	IMITS	
	COMMERCIAL GENERAL LIABILITY		*****			(MIMI/DD/1111)	ŢMINIJOS, T. T. T.	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)		
								PERSONAL & ADV INJURY	' \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	GG \$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per perso	n) \$	
	AUTOS ONLY AUTOS							BODILY INJURY (Per accide	ent) \$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ \$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH STATUTE ER	1-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLO	YEE \$	
_	DÉSCRIPTION OF OPERATIONS below			C4000F70		40/44/0000	40/44/0000	E.L. DISEASE - POLICY LIN	ИIT \$	40.000
Α	3 Year Bond			61223579		12/14/2020	12/14/2023	Bond Amount		10,000
Publ I Tre 5 Bo	RIPTION OF OPERATIONS / LOCATIONS / VEHICI ic Official Position Schedule Bond easurer @ \$5,000 ard Members @ \$1,000 each	LES (A	ACORD	0 101, Additional Remarks Schedu		be attached if mor	e space is requir	ed)		
Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

Denver, CO 80203

AUTHORIZED REPRESENTATIVE