DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 720-437-6200									
IN RE JORDAN CROSSING METROPOLITAN DISTRICT									
Suzanne M. Meintzer, Atty. Reg. # 36795	▲ COURT USE ONLY								
McGEADY BECHER P.C. 450 E. 17th Avenue, Suite 400 Denver, Colorado 80203 Phone: (303) 592-4380 Fax: (303) 592-4385 E-mail: smeintzer@specialdistrictlaw.com	Case Number: 2006CV626 Div.: 1 Ctm.:								
OATH OF DIRECTOR									
I, M. Alberta Saran, do SWEAR AFFIRM that I we the United States, the Constitution of the State of Colorado, and the Colorado, and will faithfully perform the duties of the office of dir Metropolitan District upon which I am about to enter to the best of Signed: Signed: Name: M. Alberta Sanddress: 17070 Blue Fearker Colorado	e laws of the State of ector of the Jordan Crossing my ability. **Description** **Aurentical and the state of ector of the Jordan Crossing area area. **Indiana State of ector of the Jordan Crossing area. **Indiana State of the Jordan Crossing area. **Indiana S								
Subscribed and Sworn affirmed to before me thisday	of, 20								
Ву:									
County Cler Board of Dir	orized to administer oaths, i.e. k and Recorder, Officer of the ectors, or any other person administer oaths)								

STATE OF COLORADO)	4	
COUNTY OF DOUGHIS) ss.)		
Subscribed and swom sffirm	ed to before me this	an day of may	_,20 <u>,23</u> .
(Commission Expiration)	-	JENNY TERESA STEL Notary Public State of Colorado Notary ID # 200140302 My Commission Expires 10-	106
			Motors Coal



PAGRH1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/21/2023

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).

tr	is certificate does not confer rights t	o tne	cert	ificate noider in lieu of su							
PRODUCER FCW Risk Management 384 Inverness Parkway Suite 170			CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757 E-MAIL ADDRESS: tcwinfo@wilsonins.com								
Eng	lewood, CO 80112				ADDRE	_{SS:} tcwinto@	wiisonins	.com			T
								RDING COVERAGE			NAIC #
					INSURER A : RLI Insurance Company						
INSU	Jordan Crossing Metropolit				INSURER B:						
	c/o Special District Manager	nent	Serv	rices, Inc.	INSURER C:						
	141 Union Blvd. Suite 150				INSURER D:						
	Lakewood, CO 80228				INSURER E :						
					INSURE	RF:					
				E NUMBER:			TO THE INIOH	REVISION NUI			
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION, THE INSURANCE AFFORD	N OF A	NY CONTRA 7 THE POLIC	CT OR OTHER	R DOCUMENT WI SED HEREIN IS S	TH RESPE	CT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	VVVD			(MIN/DD/1111)	(WIW/DD/1111)	EACH OCCURREN	CF	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED	\$	
								MED EXP (Any one		\$	
								PERSONAL & ADV	•	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	
	POLICY PRO-							PRODUCTS - COM		\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE ————	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$	
	If yes, describe under							E.L. DISEASE - EA			
Α	DÉSCRIPTION OF OPERATIONS below 3 Year Bond			LSM0936259		12/1/2022	12/1/2025	E.L. DISEASE - PO Bond Amount		\$	10,000
^							12.112020				10,000
Publ I Tre	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC lic Official Position Schedule Bond easurer @ \$5,000 ard Members @ \$1,000 each	LES (A	ACORI) 101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requii	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
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								
				Diame Prooton.							