

DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109	
<b>IN RE THE MATTER OF MERIDIAN METROPOLITAN DISTRICT</b>	<b>▲ COURT USE ONLY ▲</b>
Attorneys for the District: SPENCER FANE LLP Thomas N. George, Esq., #41395 1700 Lincoln Street, Suite 2000 Denver, CO 80203-4554 (303) 839-3800 – Telephone; (303) 839-3838 – Facsimile E-mail: <a href="mailto:tgeorge@spencerfane.com">tgeorge@spencerfane.com</a>	Case No.: 1976CV4507  Division: 1
<b>OATH OF OFFICE – MICHAEL BROWN</b>	

I, **Michael Brown**, 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 Meridian Metropolitan District upon which I am about to enter.

Signature: Michael Brown  
Michael Brown

**IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED:**

Subscribed and sworn to before me this 8<sup>th</sup> day of MAY, 2025.

By: Ken Lykens  
Title: Officer of the Board

**OR, 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, by Michael Brown, Director.

My Notary Commission expires on \_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
Notary 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\*\*\*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/30/2025

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 TCW Risk Management 384 Inverness Parkway Suite 170 Englewood, CO 80112	CONTACT NAME:		
	PHONE (A/C, No, Ext): (303) 368-5757	FAX (A/C, No): (303) 368-5863	
	E-MAIL ADDRESS: tcwinfo@tcwrm.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : CNA Surety		0022
INSURED  Meridian Metropolitan District c/o Shea Properties 8351 E. Belview Avenue Denver, CO 80237	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	3 Year Bond			43057306	3/11/2025	3/11/2028	Bond Amount 10,000

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

Public Official Position Schedule Bond

1 Treasurer @ \$5,000

5 Board Members @ \$1,000 each

CERTIFICATE HOLDER

CANCELLATION

Colorado Department of Local Affairs  
Division of Local Government-Special Districts  
1313 Sherman St., Rm 521  
Denver, CO 80203

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