DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 720-437-6200	
IN RE HORSE CREEK METROPOLITAN DISTRICT MaryAnn McGeady	▲ COURT USE ONLY ▲
McGEADY BECHER P.C. 450 E. 17 th Ave., Suite 400 Denver, Colorado 80203-1254	Case Number: 2004CV500
Phone: (303) 592-4380 Fax: (303) 592-4385 E-mail: mmcgeady@specialdistrictlaw.com Atty. Reg. #: 12417	Div.: 1 Ctrm.:

OATH OF DIRECTOR

I Allison Provence, do SWEAR 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 Horse Creek Metropolitan District upon which I am about to enter to the best of my ability.

Name:Allison ProvenceAddress:16044 East Tall Timber LaneParker, CO 80134

Subscribed and \square sworn \square affirmed to before me this $\underline{\mathscr{B}}$ day of $\underline{\mathscr{M}}$

(Person authorized to administer oaths, i.e. By:_

(Person authorized to administer oaths, i.e. County Clerk and Recorder, Officer of the Board of Directors, or any other person authorized to administer oaths)

, 2020.

STATE OF COLORADO COUNTY OF Douglas) ss. Subscribed and \Box sworn X affirmed to before me this <u>8</u> day of <u>May</u>, 2020. (Notary's official signature) (Notary's official signature) (Commission Expiration) JUDITH LYNN LEYSHON NOTARY PUBLIC STATE OF COLORADO E NOTARY ID 20194013263 MY COMMISSION EXPIRES 5.2023 2

AC	O	RD °

CHATTER DATE (MM/DD/YYYY)

HORSCRE-02

	C		E	KII			ITY INS	URAN	CE		5	7/2020
	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.											
	f SU	DRTANT: If the certificate holder JBROGATION IS WAIVED, subject certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may				
	ODUC	•				CONTA NAME:						
T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112					NAME: FAX PHONE (A/C, No, Ext): (303) 368-5757 (A/C, No): (303) 368-5863 E-MAIL ADDRESS: info@wilsonins.com (A/C, No): (303) 368-5863							
	giew											NAIC #
						INSURER(S) AFFORDING COVERAGE						NAIC #
INS	URED					INSURE			iipaily			
	UNLD	Horse Creek Metropolitan Di				INSURE						
		c/o Special District Manager	nent	Serv	ices, Inc.							
		141 Union Blvd. Suite 150 Lakewood, CO 80228				INSURER D : INSURER E :						
						INSURE						
	VE	RAGES CER	TIFIC		ENUMBER:	moon			REVISION NUM			
	NDIC CERT EXCL	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R FIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WIT	H RESPE	СТ ТО	WHICH THIS
INS LTF	2			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	=D Irrence)	\$	
									MED EXP (Any one	person)	\$	
									PERSONAL & ADV I	NJURY	\$	
	GE	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMF	P/OP AGG	\$	
		OTHER:									\$	
	AU								COMBINED SINGLE (Ea accident)	LIMIT	\$	
		ANY AUTO							BODILY INJURY (Pe	r person)	\$	
		OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Pe PROPERTY DAMAG (Per accident)	er accident) E	\$ \$	
											\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
		DED RETENTION \$									\$	
	WO	DRKERS COMPENSATION D EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	AN	Y PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	T	\$	
		FICER/MEMBER EXCLUDED?							E.L. DISEASE - EA E	MPLOYEE	\$	
	DÉS	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
A	3 Y	∕ear Bond			LSM0936205		12/1/2019	12/1/2022	Amount			10,000
Pul 1 T 5 B	olic C reasu oard	FION OF OPERATIONS / LOCATIONS / VEHICI Official Position Schedule Bond urer @ \$5,000 I Members @ \$1,000 each	LES (/	ACORE	101, Additional Remarks Schedul		e attached if mor	e space is requi	ed)			
									ESCRIBED POLIC			

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

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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