DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 720-437-6200	F
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	The second the Constitution of
I Young-Sun Yun, do SWEAR AFFIRM that I we the United States, the Constitution of the State of Colorado, and Colorado, and will faithfully perform the duties of the office of	the laws of the State of director of the Horse Creek of my ability. n Yyn oth Hawks Rim Trail
I Young-Sun Yun, do SWEAR AFFIRM that I we the United States, the Constitution of the State of Colorado, and Colorado, and will faithfully perform the duties of the office of Metropolitan District upon which I am about to enter to the best Name: Young-Sun Address: 12212 Sou	the laws of the State of director of the Horse Creek of my ability. n Yyn th Hawks Rim Trail

STATE OF COLORADO)	
COUNTY OF <u>Loughas</u>) ss.	
Subscribed and sworn affirmed to before me this	day of <u>May</u> , 2020.
(Notary's official signature)	JUDITH LYNN LEYSHON NOTARY PUBLIC
(Commission Expiration)	STATE OF COLORADO NOTARY ID 20194013263 MY COMMISSION EXPIRES APRILI5;2926a1

CHATTER



DATE (MM/DD/YYYY) 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.

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)

٠.	ne continicate accenter contentinginte t	•		mouto moraor im noa or ot	4011 O116	.0.00	•			
PRO	DUCER				CONTA NAME:	СТ				
T. Charles Wilson Insurance Service			PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863							
384 Inverness Parkway Suite 170 Englewood, CO 80112			E-MAIL ADDRESS: info@wilsonins.com							
Elly	lewood, CO 60112				ADDRE					
								RDING COVERAGE		NAIC#
					INSURE	RA: RLI Ins	urance Coi	mpany		
INSL					INSURE	RB:				
Horse Creek Metropolitan District/Douglas c/o Special District Management Services, Inc. 141 Union Blvd. Suite 150 Lakewood, CO 80228					INSURER C:					
					INSURER D:					
					INSURER E :					
					INSURER F:					1
~~	VERAGES CER	TIEI	^ A TI	E NUMBER:	INOUNE			REVISION NUMBER:		
TI IN C	HIS IS TO CERTIFY THAT THE POLICY IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY ERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	ES O REQUI	F INS IREM TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIE	RED NAMED ABOVE FOR T R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR LTR		ADDL	SUBR		DEEN	POLICY EFF	POLICY EXP (MM/DD/YYYY)			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD			(MIM/DD/TTTT)	(MIM/DD/TTTT)			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$	
	CEANNO-NADE COCON							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	3 Year Bond			LSM0936205		12/1/2019	12/1/2022	Amount		10,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC lic Official Position Schedule Bond	LES (ACORI	D 101, Additional Remarks Schedu	ule, may b	e attached if mor	re space is requi	red)		
	easurer @ \$5,000									
5 Bc	oard Members @ \$1,000 each									
CE	RTIFICATE HOLDER				CANO	CELLATION				
								ESCRIBED POLICIES BE C		
	Colorado Department of Loc	al A	ffairs					HEREOF, NOTICE WILL CY PROVISIONS.	BE DE	ELIVERED IN
					700	CINDMITTUR VVI				

ACORD 25 (2016/03)

Division of Local Government-Special Districts

1313 Sherman St., Rm 521 **Denver, CO 80203**

© 1988-2015 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE