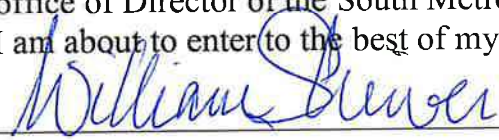


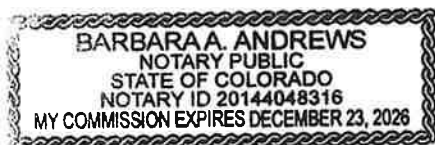
DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 Phone Number: 720-437-6200	
IN RE THE MATTER OF SOUTH METRO FIRE RESCUE FIRE PROTECTION DISTRICT	
Robert G. Cole Collins Cole Flynn Winn & Ulmer, PLLC 165 S. Union Blvd., Suite 785 Lakewood, CO 80228 Telephone: (720) 617-0080 E-Mail: rcole@cogovlaw.com Atty. Reg #: 15943	<p style="text-align: center;">▲ COURT USE ONLY ▲</p> Case No.: 1966CV3547
OATH OF OFFICE	


I, William Shriver, do 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 South Metro Fire Rescue Fire Protection District upon which I am about to enter to the best of my ability.


 William Shriver

STATE OF COLORADO)
) ss.
 COUNTY OF ARAPAHOE)

Subscribed and sworn to before me this 13th day of May, 2025, by William Shriver.




 Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Court Judge, Notary Public, any Officer of the Board or any person designated by the Board, or any other person authorized to administer oaths)

Title: Notary Public

My commission expires: 12/23/2026



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2025

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 Arthur J. Gallagher Risk Management Services, LLC 6200 S. Syracuse Way Ste 220 Greenwood Village CO 80111	CONTACT NAME: Tracy Pettersen PHONE (A/C, No, Ext): 303-889-2540 E-MAIL ADDRESS: tracy_pettersen@ajg.com FAX (A/C, No):
INSURED South Metro Fire District 9195 E. Mineral Ave Centennial, CO 80112	INSURER(S) AFFORDING COVERAGE INSURER A : Arch Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 11150

COVERAGES**CERTIFICATE NUMBER:** 1835476934**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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime			MEPK07883413	1/1/2025	1/1/2026	\$1,000,000

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

Included coverage for directors or board members and treasurer (Total 7 board members)
Faithful Performance of Duty Included

CERTIFICATE HOLDER**CANCELLATION**

Colorado Department of Local Affairs
Division of Local Government - Special Districts
1313 Sheman 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

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