ж. Эл
▲ COURT USE ONLY ▲
Case Number: 2018CV030898
Div.: 5 Ctrm.:

OATH OF DIRECTOR

I, Matthew Valente, 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 Rock Canyon Metropolitan District upon which I am about to enter to the best of my ability.

	10	Ya
	Name:	Matthew Valente
	Address:	3118 Bivouac Pt.
		Castle Rock, CO 80108
STATE OF COLORADO)) ss.)	
Subscribed and sworn saffirmed to	before me	this <u>16</u> day of <u>Mary</u> , 20 <u>22</u> .
Lauren Headric	K	LAUREN HEADRICK Notary Public
(Notary's official signature)		State of Colorado
6/7/25		Notary ID # 20174024157 My Commission Expires 06-07-2025
(Commission Expiration)		 Notary Seal



RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

PUBLIC OFFICIAL POSITION SCHEDULE BOND

Bond No. <u>LSM1216423</u>

Item 1. Name of Insured: Rock Canyon Metropolitan District

(the "Insured")

Principal Address: c/o McGeady Becher P.C. 450 E 17th Avenue, Suite 400 Denver, CO 80203

Item 2. Bond Period <u>November 6, 2018</u> to <u>Continuous Until Cancelled</u>.

Item 3. Limit of liability does not exceed the sum specified in the Schedule of named Positions or written acceptances by the Company as to each Position there listed.

I. INSURING AGREEMENT

The RLI Insurance Company, an Illinois	s corporation (the "Company"), in consideration of an agreed premium is
held and firmly bound unto	Rock Canyon Metropolitan District
of Denver	, CO, Obligee, for the faithful discharge of the duties of any Public
Official or Employee while occupying an	y position named in the schedule attached, or added thereto by written
acceptance of the Company as to said po	sition after the <u>6th</u> day of <u>November</u> , <u>2018</u> .

II. CONDITIONS

A. Coverage. Automatic coverage is granted for the first thirty days service of any Public Official or Employee:
 (1) Occupying a newly created position identical with one listed in the schedule of positions, in an equal amount.

Provided, however, that the automatic coverage herein granted shall be void and of no effect from the beginning, unless during the said thirty day period the Obligee has requested in writing that the position be added to the schedule, and the Company by written acceptance has consented thereto.

Coverage on any position may be increased or decreased upon written request of the Obligee, if agreed to in writing by the Company.

- B. Cancellation. Cancellation hereunder is effective, and all liability under this bond shall cease as to future acts or omissions as to any Public Official or Employee on the date specified in written notice given by the Obligee to the Company as to any or all positions or Public Officials or Employees, or after thirty days' written notice given by the Company to the Obligee of its intent to cancel this bond in its entirety, or as to any Public Official or Employee or position.
- C. Liability. The Company's liability under this bond shall not be cumulative, and in no event shall the Company be called upon to pay as a loss hereunder in an amount greater than the largest single amount for which the position occupied by any Public Official or Employee causing such loss is or has been covered in the schedule, whether said loss occurred during any one or more years. The liability of the Company for any Public Official or Employee occupying more than one position at one time, or at different times, shall not exceed the largest amount of coverage specified for any single position occupied by said Public Official or Employee. The liability of the Company shall never exceed the amount in effect for the position when the act

of the Public Official or Employee causing the loss shall have occurred. In the event there are more Public Officials or Employees occupying the position covered in the schedule than are listed therein, the Company shall be liable for such proportion of the amount of coverage as the number of Public Officials or Employees listed bears to the number of Public Officials or Employees actually occupying the position when the loss occurred.

The Liability of the Company hereunder is subject to the terms and conditions of the following Riders, attached thereto:

None of the specifications of this Bond shall be altered or waived, except in writing by the Company executed by its President, Vice President, Secretary, Assistant Secretary or Treasurer.

Dated this <u>9th</u> day of <u>November</u>, <u>2018</u>.

RLI Insurance Company

St W. a Βv

Barton W. Davis

Vice President



(If there is more than one position of like classification, list by number, thus: Cashier No. 1, Cashier No. 2)

Schedule Number	Position Name	No.	Position Location	Bond Amount
1	Treasurer	1		\$ 5,000.00
2	Board Member	1		\$ 1,000.00
3	Board Member	1		\$ 1,000.00
4	Board Member	1		\$ 1,000.00
5	Board Member	1		\$ 1,000.00
6	Board Member	1		\$ 1,000.00
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POWER OF ATTORNEY

RLI Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615 Phone: 800-645-2402

Bond No. LSM1216423

Know All Men by These Presents:

	and authorized an			eniseing ander ale la	ws of the State of
constitute and an	<u>Jis</u> , and authorized an	d licensed to do busir	ess in all states and the D	istrict of Columbia of	loes hereby make,
· · · · · · · · · · · · · · · · · · ·	point: <u>Barton W.</u>	Davis	in the City of	Peoria	, State of
Illinois	<u>s</u> , as it's true and lawfu	Il Agent and	Vice President	, with full por	wer and authority
hereby conferred	l upon him/her to sign, execute, ac	knowledge and delive	er for and on its behalf as	Surety, in general, an	ny and all bonds
and undertakings	s in an amount not to exceed	Five H	undred Thousand and 00	0/100	Dollars
(\$ 500,000.0	00) for any single obligation, a	and specifically for th	e following described bor	nd.	
Principal:	Rock Canyon Metropolitan Di	istrict			
Obligee:	Same as Principal				
Type Bond:	Public Official Position Schedu	ule Bond			
Bond Amount:	\$ 10,000.00				
Effective Date:	November 6, 2018				
The	RLI Insurance Company	furthe	certifies that the follow	wing is a true and	exact copy of a
	ted by the Board of Directors of				
Resolution adopt	ted by the board of Directors of		isurance company	, and nov	
IN WITNESS W	may be printed by facsimile.'' VHEREOF, the		-		to be executed by
		NUTURANCE COM	RLI Insurance Compa		
		CORPORATE SEAL			
te of Illinois	J	CORPORATE SEAL	RLI Insurance Compa		·
ate of Illinois punty of Peoria	} ss	CORPORATE SEAL	RLI Insurance Compa		·
unty of Peoria this <u>9th</u> day rsonally appeared ly sworn, acknowl orresaid officer of th d acknowledged sa poration.	y of <u>November</u> , <u>2018</u> , before a <u>Barton W. Davis</u> edged that he signed the above Powe e <u>RLI Insurance Cor</u> aid instrument to be the voluntary a	me, a Notary Public, , who being by me er of Attorney as the mpany	RLI Insurance Compares By: Barton W. Davis	CERTIFICATE of Insurance Company attached Power of Attorne in the Power of Attorne	Vice Presiden Vice Presiden torney is in full for that the Resolution ey, is now in force.
ounty of Peoria this <u>9th</u> day rsonally appeared ly sworn, acknowl oresaid officer of th d acknowledged sa rporation.	y of <u>November</u> , <u>2018</u> , before a <u>Barton W. Davis</u> edged that he signed the above Pow me <u>RLI Insurance Cor</u> aid instrument to be the voluntary a <i>witchen L. Mehnigk</i>	me, a Notary Public, , who being by me er of Attorney as the mpany	RLI Insurance Compares By: Barton W. Davis	CERTIFICATE of	Vice President Vice President torney is in full force that the Resolution of ey, is now in force. I and the seal of the