DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 720-437-6200	
IN RE JORDAN CROSSING METROPOLITAN DISTRICT	
Suzanne M. Meintzer, Atty. Reg. # 36795 McGEADY BECHER P.C. 450 E. 17 <sup>th</sup> Avenue, Suite 400 Denver, Colorado 80203	▲ COURT USE ONLY ▲ Case Number: 2006CV626
Phone: (303) 592-4380 Fax: (303) 592-4385 E-mail: smeintzer@specialdistrictlaw.com	Div.: 1 Ctrm.:

## OATH OF DIRECTOR

I, Patrick D. Ziegler, 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 Jordan Crossing Metropolitan District upon which I am about to enter to the best of my ability.

6	1.
14	1 min
Signed:	h star
	Patrick D. Ziegler
Address:	11634 Yellow Daisy Drive
	Parker Colorado 80134

Subscribed and sworn affirmed to before me this day of , 20.

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)

STATE OF COLORADO )	
country of <u>louglas</u> ) ss.	
Subscribed and sworn affirmed to before me	this <u>17</u> day of <u>May</u> , 20 <u>2</u> ?
(Notary's official signature)	
01/12/2026	BIBHA ACHARYA GHIMIRE
(Commission Expiration)	NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20184002520 MY COMMISSION EXPIRES 01/18/2026
	Notary Seal



## ERTIFICATE OF LIABILITY INSURANCE

PAGRH1 DATE (MM/DD/YYYY)

JORDCRO-01

CERTIFICATE OF LIABILITY INSURANCE					21/2023							
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.												
lf	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).											
PRO	DUCE	R					CONTA NAME:	СТ				
TCV	V Ris	k Management rness Parkway Su					PHONE (A/C. N	o, Ext): (303) 3	68-5757	FAX (A/C. No):	(303) 3	368-5863
Eng	lewo	od, CO 80112					E-MAIL	ss: tcwinfo@	wilsonins.			
							INSURER(S) AFFORDING COVERAGE					NAIC #
							INSURE	ER A : RLI Insi	urance Con	npany		
INSURED Jordan Crossing Metropolitan District			t -	INSURE	ER B :							
		c/o Special D	istrict Manager				INSURE	RC:				
		141 Union BI Suite 150	vd.			_	INSURE	ER D :				
		Lakewood, C	O 80228			-	INSURER E :					
							INSURE	ERF:				1
		AGES				E NUMBER:				REVISION NUMBER:		
IN C E	IDICA ERTII XCLU	TED. NOTWITHST	FANDING ANY R SSUED OR MAY TIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES	SURANCE LISTED BELOW H ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE E	I OF A	ANY CONTRAC Y THE POLICI	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT 1	ECT TO	WHICH THIS
INSR LTR		TYPE OF INSU	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GENER								EACH OCCURRENCE	\$	
		CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
										MED EXP (Any one person)	\$	
										PERSONAL & ADV INJURY	\$	
	GEN		PPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:								COMBINED SINGLE LIMIT	\$	
	AUT									(Ea accident)	\$	
		ANY AUTO OWNED	SCHEDULED AUTOS							BODILY INJURY (Per person)	\$	
	-	AUTOS ONLY	AUTOS NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE		
		HIRED AUTOS ONLY	AUTOS ONLY							(Per accident)	\$	
-		UMBRELLA LIAB	OCCUR								\$	
		EXCESS LIAB	CLAIMS-MADE							EACH OCCURRENCE AGGREGATE	\$ \$	
		DED RETENTIO								AGGNEGATE	\$	
	WOR	KERS COMPENSATION								PER OTH- STATUTE ER	Ψ	
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER								E.L. EACH ACCIDENT	\$	
	OFFI (Man	PROPRIETOR/PARTNER CER/MEMBER EXCLUDE datory in NH)	D?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes	, describe under CRIPTION OF OPERATIO	ONS below							E.L. DISEASE - POLICY LIMIT		
Α		ear Bond				LSM0936259		12/1/2022	12/1/2025	Bond Amount		10,000
Pub 1 Tre	lic Of easu	ION OF OPERATIONS / I ficial Position Sch rer @ \$5,000 Members @ \$1,000	edule Bond	LES (/	ACORE	D 101, Additional Remarks Schedule	e, may t	be attached if mor	e space is requir	ed)		

CERTIFICATE HOLDER	CANCELLATION
Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Denver, CO 80203	AUTHORIZED REPRESENTATIVE
	Diame Preston

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