

BOARD OF DIRECTOR  
OATH OF OFFICE

§32-1-901, C.R.S., and  
Colorado Constitution Article 12, §9

STATE OF COLORADO  
DOUGLAS COUNTY

CASTLE PINES COMMERCIAL METROPOLITAN DISTRICT No. 3

I, *Lucia Battaglin*, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Castle Pines Commercial Metropolitan District No. 3, upon which I am about to enter.

*Lucia Battaglin*  
(signature of oath taker)

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

By: \_\_\_\_\_  
(Person authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths)

IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED.

STATE OF COLORADO  
COUNTY OF *Douglas* } ss.

Subscribed and sworn to before me this *15<sup>th</sup>* day of *May*, 20*20*.

*Kelly Conover*  
(notary signature)

**KELLY CONOVER  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20194033062  
MY COMMISSION EXPIRES 08/28/2023**

SEAL

PROCEDURAL INSTRUCTIONS: The oath must be taken within 30 days after the election date or appointment to fill a vacancy: Oaths taken prior to the election date are invalid.

A copy of the executed oath and an individual, schedule, or blanket surety bond must be filed with the Clerk of the Court, the Clerk and Recorder in every county in which the district extends and with the Division of Local Government. If this is the oath of an appointed director, also provide the notice of appointment to the Division in addition to the oath and bond documents; note who is being replaced, if applicable.

**Comprehensive Crime Certificate Holder Declaration**

**Master Coverage Document Number:** CR 00 26 11 15

**Certificate Number:** POL-0002057

**Named Member:**

Castle Pines Commercial Metropolitan District No.3  
c/o Mulhern MRE, Inc.  
188 Inverness Drive West, Suite 150  
Englewood, CO 80112

**Insurer:** Fidelity and Deposit Company of Maryland

**Coverage Period:** 1/1/2020 to EOD 12/31/2020

**Broker of Record:**

T. Charles Wilson Insurance Service  
384 Inverness Parkway  
Suite 170  
Englewood, CO 80112

**Covered ERISA Plan:**

**Covered Designated Agent(s):**


**Coverage Limits:**

<b>Public Employee Dishonesty Coverage:</b>	\$5,000
Limit is Per Loss	
Faithful Performance of Duty	
Officers, Directors, and Trustees	
Welfare and Pension Plan ERISA Compliance if Covered Plan is shown	
Volunteer Workers as Employees	
<b>Forgery or Alteration Coverage:</b>	\$5,000
<b>Theft, Disappearance, and Destruction Coverage:</b>	\$5,000
Inside Premises	
Outside Premises	
<b>Computer and Funds Transfer Fraud Coverage:</b>	\$5,000
<b>Debit, Credit or Charge Card Forgery Coverage:</b>	\$5,000
<b>Money Orders and Counterfeit Paper Currency Coverage:</b>	\$5,000
<b>Fraudulent Impersonation Coverage:</b>	\$5,000
<b>Crime Deductible:</b>	\$100
<b>Fraudulent Impersonation Deductible:</b>	20% of Fraudulent Impersonation Limit
<b>Contribution:</b>	\$135

**Policy Forms:**

- CR 00260506 Government Crime Policy
- CR 25070300 Include Specified Directors or Trustees on Committee as Employees
- CR 25080300 Include Specified Non-Compensated Officers as Employees
- CR 25090300 Include Volunteer Workers as Employees
- CR 25190506 Add Faithful Performance of Duty
- CR 25120300 Include Treasurers or Tax Collectors as Employees
- CR 02151104 Colorado Changes
- CR 25200300 Debit, Credit or Charge Card Forgery
- CR 25020506 Include Designated Agents as Employees, when listed
- CR 04171115 Fraudulent Impersonation

**This Certificate Holder Declaration is made and is mutually accepted by the CSD Pool and the Named Member subject to all terms which are made a part of the Master Comprehensive Crime Policy. This Certificate represents only a brief summary of coverages. Please refer to the Master Policy Document for actual coverage, terms, conditions, and exclusions.**

Countersigned by:  \_\_\_\_\_  
Authorized Representative

## Identity Recovery Certificate Holder Declaration

**Master Coverage Policy Number:**  
CP IDR Form 2008-034-05

**Insurer:**  
The Hartford Steam Boiler Inspection  
and Insurance Company

**Certificate Number:** POL-0002057

**Coverage Period:** 1/1/2020 to EOD 12/31/2020

**Named Member:**  
Castle Pines Commercial Metropolitan District No.3  
c/o Mulhern MRE, Inc.  
188 Inverness Drive West, Suite 150  
Englewood, CO 80112

**Broker of Record:**  
T. Charles Wilson Insurance Service  
384 Inverness Parkway  
Suite 170  
Englewood, CO 80112

**Member:**

All permanent employees and District Board members participating in the Colorado Special Districts Property and Liability Pool; Special District Association of Colorado staff and Board of Directors.

**Coverage:**

Reimbursement coverage for expenses arising from a defined "Identity Theft" event. Including: legal fees for answer of civil judgements and defense of criminal charges; phone, postage, shipping fees; notary and filing fees; credit bureau reports; lost wages; child/elder care and mental health counseling.

This coverage does not reimburse the member for monies stolen or fraudulently charged to the member, and excludes loss arising from the member's fraudulent, dishonest or criminal act.

**Annual Aggregate Limit per Member:** \$35,000

Case Management Service Expenses - does not reduce the limit available

Legal Costs - reduces the limit available

**Sub Limits:**

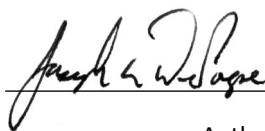
\$5,000	Lost Wages and Child/Elder Care
\$1,000	Mental Health Counseling
\$1,000	Miscellaneous Expenses

**Coverage Trigger:** Coverage is provided on a discovery basis with a 60-day reporting requirement

**Claims:** For Recovery Assistance and Counseling, please call 1-800-945-4617

**This Certificate Holder Declaration is made and is mutually accepted by the CSD Pool and the Named Member subject to all terms which are made a part of the Identity Recovery Coverage Policy. This Certificate represents only a brief summary of coverages. Please refer to the Master Coverage document for actual coverage, terms, conditions, and exclusions.**

Countersigned by:



Authorized Representative

Date: 11/20/2019