DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO Court Address: Douglas County Justice Ce 4000 Justice Way, Suite 20 Castle Rock, CO 80109 Phone Number: 303-663-7200  IN RE THE MATTER OF WEST DOUGLAS COUNTY FIRE PROTECTION DISTRICT	09
Evan D. Ela	▲ COURT USE ONLY ▲
Collins Cockrel & Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556	Case No.: 1980CV58
Telephone: 303.986.1551 Facsimile: 303.986.1755 E-Mail: eela@cccfirm.com Attorney Reg. No.: 23965	Div.: 5 Ctrm.:
OATH OF OFFICE	
I, Marjorie Nockels, 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 West Douglas County Fire Protection District upon which I am about to enter to the best of my ability.  Marjorie Nockels	
STATE OF COLORADO	) ss.
COUNTY OF DOUGLAS	)
Subscribed and sworn to before me this day of which of the County Clerk and Recorder, Clerk of the Court, Court Judge, Notary Public, any	
NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20014020103	Officer of the Board or any person designated by the Board, or ny other person authorized to administer oaths)  Title:

WESTDOU-01

**VSULLIVAN** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/25/2016

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 children does not confer rights to the certificate holder in lieu of such endorsement(s).

CASE NUMBER: 1980CV58 certificate holder in lieu of such endorsement(s). CONTACT PRODUCER NAME: PHONE (A/C, No, Ext): (303) 368-5757 E-MAIL ADDRESS: Info@wilsonins.com T. Charles Wilson Insurance Service FAX (A/C, No): (303) 368-5863 384 Inverness Parkway Suite 170 Englewood, CO 80112 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: RLI Insurance Company INSURED INSURER B INSURER C **West Douglas County Fire Protection District** P.O. Box 408 INSURER D Sedalia, CO 80135 INSURER E INSURER F **REVISION NUMBER: COVERAGES CERTIFICATE 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) INSR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR \$ MED EXP (Any one person) PERSONAL & ADV INJURY \$ GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Es accident) ALITOMORII E LIARII ITV BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS UMBRELLA LIAB EACH OCCURRENCE OCCUR **EXCESSION** AGGREGATE CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 05/25/2016 05/25/2019 Bond Limit 10.000 Public Officials 105598911 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Public Officials Position Scheduled Bond 1 Treasurer - \$5,000 5 Directors - \$1,000 each **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. State of Colorado Denver, CO 80202 AUTHORIZED REPRESENTATIVE