

BOARD OF DIRECTOR  
OATH OF OFFICE

§32-1-901, §24-12-101 et seq., C.R.S., and  
Colorado Constitution Article 12, §9

STATE OF COLORADO  
Jefferson & Douglas Counties

NORTH FORK FIRE PROTECTION DISTRICT

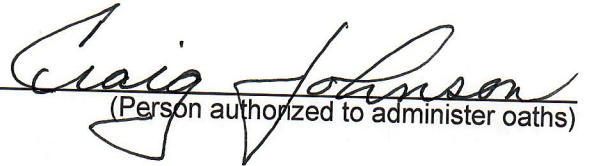
I, Steven L. Brown, do swear that I will support the constitution of the United States, the Constitution of the state of Colorado, and the laws of the state of Colorado, and will faithfully perform the duties of the office of Director of the North Fork Fire Protection District upon which I am about to enter to the best of my ability.



(signature of oath taker)

Subscribed and sworn to before me this 18 day of MAY, 2022.

By:



(Person authorized to administer oaths)

**[IF SWORN OR AFFIRMED BEFORE A NOTARY]**

STATE OF COLORADO )  
COUNTY OF \_\_\_\_\_ ) ss.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ (name of oath taker)

\_\_\_\_\_  
(notary signature)

SEAL (if notary public)



NORTFOR-14

RMURRAY

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/5/2022

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 License # 0757776

HUB International Insurance Services (COL)  
2000 S. Colorado Blvd  
Tower 2, Suite 150  
Denver, CO 80222

CONTACT NAME: Donna Adams

PHONE (A/C, No, Ext): (970) 208-0021

FAX (A/C, No):

E-MAIL ADDRESS: rhonda.murray@hubinternational.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: American Alternative Insurance Corporation 19720

INSURER B: National Union Fire Insurance Company of Pittsburgh, PA 19445

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

North Fork FPD & North Fork Volunteer Fire Dept.  
PO Box 183  
Buffalo Creek, CO 80425-0183

**COVERAGES****CERTIFICATE NUMBER:****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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		VFIS-TR-2059076-14	10/11/2021	10/11/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		VFIS-TR-2059076-14	10/11/2021	10/11/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	VFP41066913E0	7/28/2021	7/28/2022	PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 50,000 E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<input checked="" type="checkbox"/> Crime		VFIS-TR-2059076-14	10/11/2021	10/11/2022	Directs(4)Treas (1) \$ 5,000
B	<input checked="" type="checkbox"/> Accident Policy		CFP51060407E-04	7/28/2021	7/28/2022	Volunteer \$ 50,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Insurance

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



BOARD OF DIRECTOR  
OATH OF OFFICE

§32-1-901, §24-12-101 et seq., C.R.S., and  
Colorado Constitution Article 12, §9

STATE OF COLORADO  
Jefferson & Douglas Counties

NORTH FORK FIRE PROTECTION DISTRICT

I, Lisa Benevento, do swear 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 North Fork Fire Protection District upon which I am about to enter to the best of my ability.

Lisa Benevento  
(signature of oath taker)

Subscribed and sworn to before me this 18 day of May, 2022.

By: Craig Johnson  
(Person authorized to administer oaths)

[IF SWORN OR AFFIRMED BEFORE A NOTARY]

STATE OF COLORADO )  
COUNTY OF \_\_\_\_\_ ) ss.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ (name of oath taker)

\_\_\_\_\_  
(notary signature)

SEAL (if notary public)



NORTFOR-14

RMURRAY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/5/2022

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PRODUCER License # 0757776

HUB International Insurance Services (COL)  
2000 S. Colorado Blvd  
Tower 2, Suite 150  
Denver, CO 80222

CONTACT NAME: Donna Adams

PHONE (A/C, No, Ext): (970) 208-0021

FAX (A/C, No):

E-MAIL ADDRESS: rhonda.murray@hubinternational.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: American Alternative Insurance Corporation 19720

INSURER B: National Union Fire Insurance Company of Pittsburgh, PA 19445

INSURER C:

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INSURER E:

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INSURED

North Fork FPD & North Fork Volunteer Fire Dept.  
PO Box 183  
Buffalo Creek, CO 80425-0183

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE X OCCUR		VFIS-TR-2059076-14	10/11/2021	10/11/2022	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	X POLICY PRO-JECT LOC					
	OTHER:					
A	AUTOMOBILE LIABILITY					
X	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS		VFIS-TR-2059076-14	10/11/2021	10/11/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$
	DED RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A		VFP41066913E0	7/28/2021	7/28/2022	PER STATUTE X OTH-ER \$ 50,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Crime		VFIS-TR-2059076-14	10/11/2021	10/11/2022	Directs(4)Treas (1) \$ 5,000
B	Accident Policy		CFP51060407E-04	7/28/2021	7/28/2022	Volunteer \$ 50,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Insurance

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AUTHORIZED REPRESENTATIVE



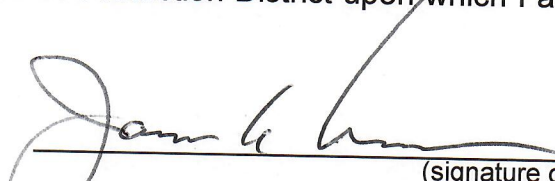
BOARD OF DIRECTOR  
OATH OF OFFICE

§32-1-901, §24-12-101 et seq., C.R.S., and  
Colorado Constitution Article 12, §9

STATE OF COLORADO  
Jefferson & Douglas Counties

NORTH FORK FIRE PROTECTION DISTRICT

I, James A. Mann, do swear 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 North Fork Fire Protection District upon which I am about to enter to the best of my ability.

  
(signature of oath taker)

Subscribed and sworn to before me this 18 day of MAY, 2022.

By:   
(Person authorized to administer oaths)

**[IF SWORN OR AFFIRMED BEFORE A NOTARY]**

STATE OF COLORADO )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

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\_\_\_\_\_  
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		VFIS-TR-2059076-14	10/11/2021	10/11/2022	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	OTHER:					
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY					
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		VFIS-TR-2059076-14	10/11/2021	10/11/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					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					EACH OCCURRENCE \$
	DED <input type="checkbox"/> RETENTION \$					AGGREGATE \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N N	VFP41066913E0	7/28/2021	7/28/2022	PER STATUTE <input checked="" type="checkbox"/> OTH-ER \$ 50,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$
A	<input checked="" type="checkbox"/> Crime		VFIS-TR-2059076-14	10/11/2021	10/11/2022	E.L. DISEASE - EA EMPLOYEE \$
B	<input checked="" type="checkbox"/> Accident Policy		CFP51060407E-04	7/28/2021	7/28/2022	E.L. DISEASE - POLICY LIMIT \$
						DIRECTS(4)TREAS (1) 5,000
						Volunteer 50,000

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

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Evidence of Insurance

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AUTHORIZED REPRESENTATIVE