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

ted States, the aithfully perform h I am about to
ture of oath taker)
administer oaths)
ne of oath taker)
(if notary public)



RMURRAY

50,000

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

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

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) CONTACT Donna Adams 2000 S. Colorado Blvd Tower 2, Suite 150 PHONE (A/C, No, Ext): (970) 208-0021 FAX (A/C, No): Denver, CO 80222 E-MAIL ADDRESS: rhonda.murray@hubinternational.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : American Alternative Insurance Corporation 19720 INSURED INSURER B National Union Fire Insurance Company of Pittsburgh, PA 19445 North Fork FPD & North Fork Volunteer Fire Dept. INSURER C: PO Box 183 Buffalo Creek, CO 80425-0183 INSURER D : INSURER F INSURER F 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, EXCIL USIONS AND CONDITIONS OF SLICH POLICIES. I MITTS SHOWN MAY HAVE BEEN BEDLICED BY PAID CLAIMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY NUMBER POLICY EFF POLICY EXP (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY A LIMITS CLAIMS-MADE X OCCUR 1,000,000 EACH OCCURRENCE 5 VFIS-TR-2059076-14 10/11/2021 10/11/2022 DAMAGE TO RENTED PREMISES (Ea occurre S MED EXP (Any one person) 5

5,000 GEN'L AGGREGATE LIMIT APPLIES PER: PERSONAL & ADV INJURY 1,000,000 S X POLICY PRO-JECT GENERAL AGGREGATE 3,000,000 LOC 3,000,000 OTHER PRODUCTS - COMP/OP AGG S AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO 1,000,000 VFIS-TR-2059076-14 10/11/2021 10/11/2022 OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per person) S HIRED AUTOS ONLY BODILY INJURY (Per accident) NON-OWNED AUTOS ONI V S PROPERTY DAMAGE (Per accident) S UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE **EACH OCCURRENCE** 5 DED RETENTION \$ AGGREGATE 5 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? STATUTE X OTH VFP41066913E0 7/28/2021 7/28/2022 E.L. EACH ACCIDENT 50,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ Crime E.L. DISEASE - POLICY LIMIT VFIS-TR-2059076-14 10/11/2022 Directs(4)Treas (1) 10/11/2021 **Accident Policy** 5.000 CFP51060407E-04

7/28/2021

7/28/2022 Volunteer

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

Evidence of Insurance SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE THE EXPIRATION DATE THEREOF, NOTICE WILL ACCORDANCE WITH THE POLICY PROVISIONS.	CANCELLED DETAIL
	BE DELIVERED IN
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 vector of the State of Colorado, and the the duties of the office of Director of the North enter to the best of my ability.	laws of the state of Colorado, a	nd will faithfully perform
	Lisei Berer	ento
Subscribed and sworn to before me this $\frac{18}{100}$ day of $\frac{1}{100}$	May 2022.	(signature of oath taker)
	By: (saso)	horized 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 signat	ure)
		SEAL (if notary public)

NORTFOR-14

RMURRAY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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) CONTACT Donna Adams 2000 S. Colorado Bivd Tower 2, Suite 150 Denver, CO 80222 PHONE (A/C, No, Ext): (970) 208-0021 FAX (A/C, No): E-MAILESS: rhonda.murray@hubinternational.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: American Alternative Insurance Corporation 19720 INSURED INSURER B . National Union Fire Insurance Company of Pittsburgh, PA 19445 North Fork FPD & North Fork Volunteer Fire Dept. INSURER C : PO Box 183 Buffalo Creek, CO 80425-0183 INSURER D: INSURER E : INSURER F: 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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CLAIMS-MADE X OCCUR AGGREGATE LIMIT APPLIES PER: OLICY PRO- JECT LOC	INSD WVI	VFIS-TR-2059076-14	POLICY EFF (MM/DD/YYYY) 10/11/2021	POLICY EXP (MM/DD/YYYY) 10/11/2022	EACH OCCURRENCE	\$	1,000,00
CLAIMS-MADE X OCCUR AGGREGATE LIMIT APPLIES PER: OLICY PRO- LOC		VFIS-TR-2059076-14	10/11/2021	10/11/2022	DAMAGE TO RENTED	1	1,000,00
OLICY PRO- JECT LOC						\$	
OLICY PRO- JECT LOC					MED EXP (Any one person)	5	5,00
OLICY PRO- JECT LOC	1 1				PERSONAL & ADV INJURY	S	1,000,000
	1 1				GENERAL AGGREGATE	S	3,000,000
THER:					PRODUCTS - COMP/OP AGG	\$	3,000,000
MOBILE LIABILITY						S	
NY AUTO		VFIS-TR-2059076-14			COMBINED SINGLE LIMIT (Ea accident)	S	1,000,000
WNED SCHEDULED AUTOS		7FIS-1 K-20590/6-14	10/11/2021 10/11/202	10/11/2022	BODILY INJURY (Per person)	S	
JTOS ONLY NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	S S	
MBRELLA LIAB OCCUR						9	
(OFFICE LIAP					EACH OCCURRENCE	S	
ED RETENTION\$					AGGREGATE	S	
RS COMPENSATION						s	
PRIETOP/PARTNED/EVENITARE Y/N		VFP41066913F0	7/20/2004	7/00/0000	PER X OTH-		
ory in NH)	N/A		1120/2021	7/28/2022	E.L. EACH ACCIDENT	\$	50,000
Scribe under PTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$	
The Bolow		VEIQ TD 2050076 44			E.L. DISEASE - POLICY LIMIT	s	
nt Policy				10/11/2022	Directs(4)Treas (1)		5,000
		SFF3106040/E-04	7/28/2021				50,000
RP ON S	RETENTION \$ S COMPENSATION LOYERS' LIABILITY	S COMPENSATION S COMPENSATION LOYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED? V) IN NH) Cribe under TION OF OPERATIONS below	S COMPENSATION S S COMPENSATION LOYERS' LIABILITY PRIETORIPARTNER/EXECUTIVE N N N/A WEMBER EXCLUDED? TION OF OPERATIONS below VFIS-TR-2059076-14	S COMPENSATION \$ S COMPENSATION LOYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE N N/A N/A VFP41066913E0 7/28/2021 ry in NH) or/be under TION OF OPERATIONS below VFIS-TR-2059076-14 10/11/2021	RETENTION \$ S COMPENSATION LOYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE N N/A WFP41066913E0 7/28/2021 7/28/2022 7/28/	AGGREGATE S COMPENSATION LOYERS' LIABILITY PRIETORIPARTMER/EXECUTIVE N N/A WIFP 10 NOF OPERATIONS below VFP41066913E0 7/28/2021 7/28/2022 FEL. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT 11 Policy VFIS-TR-2059076-14 10/11/2021 10/11/2022 Directs(4)Treas (1)	AGGREGATE \$ S COMPENSATION LOYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE N N/A WFP41066913E0 7/28/2021 7/28/2022 F.L. BISEASE - BA EMPLOYEE \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ at Policy CFD51060407E 04

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, James A. Mann, do swear that I will support the constitution of the	e United States, the
Constitution of the state of Colorado, and the laws of the state of Colorado, and	will faithfully parform
the duties of the office of Director of the North Fork Fire Protection District upon	win raiding periorm
enter to the best of my ability.	which I am about to
Jam le hu	(signature of oath taker)
Subscribed and sworn to before me this \(\frac{1}{2022} \)	(agriculture of outil taker)
By: Crasq John Person authori	zed 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)

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

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 CONTACT Donna Adams HUB International Insurance Services (COL) 2000 S. Colorado Bivd Tower 2, Suite 150 Denver, CO 80222 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 INSURED INSURER B . National Union Fire Insurance Company of Pittsburgh, PA 19445 North Fork FPD & North Fork Volunteer Fire Dept. INSURER C : PO Box 183 Buffalo Creek, CO 80425-0183 INSURER D : INSURER E : INSURER F : 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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY LIMITS 1,000,000 CLAIMS-MADE X OCCUR **EACH OCCURRENCE** S VFIS-TR-2059076-14 10/11/2021 10/11/2022 DAMAGE TO RENTED PREMISES (Ea occurre \$ MED EXP (Any one person) 5,000 5 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: S 3,000,000 X POLICY **GENERAL AGGREGATE** PRO-JECT \$ LOC 3,000,000 PRODUCTS - COMP/OP AGG \$ OTHER. AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **ANY AUTO** \$ VFIS-TR-2059076-14 10/11/2021 10/11/2022 OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per person) S HIRED AUTOS ONLY BODILY INJURY (Per accident) \$ NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) S **UMBRELLA LIAB** OCCUR EACH OCCURRENCE EXCESS LIAR CLAIMS-MADE S DED AGGREGATE 5 **RETENTION \$** WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER X OTH-ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) VFP41066913E0 7/28/2021 7/28/2022 N/A 50,000 E.L. EACH ACCIDENT yes, describe under ESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ 10/11/2021 10/11/2022 Directs(4)Treas (1) Crime VFIS-TR-2059076-14 **Accident Policy** 5,000 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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Evidence of Insurance AUTHORIZED REPRESENTATIVE**