



ADDITIONAL REMARKS SCHEDULE

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|--|-----------------------------|--|--|
| AGENCY T. Charles Wilson Insurance Service | | NAMED INSURED South Santa Fe Metropolitan District #1 c/o CliftonLarsonAllen, LLP 8390 E Crescent Parkway, Suite 300 Greenwood Village, CO 80111 | |
| POLICY NUMBER SEE PAGE 1 | | EFFECTIVE DATE: SEE PAGE 1 | |
| CARRIER SEE PAGE 1 | NAIC CODE SEE P 1 | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Migration Remark
 Other 1 Insurance Type value of Position Schedule Bond was truncated to Position Schedule Bo. ;
 Other 1 Limit Description value of \$10,000 Limit 5 Directors @ \$1,000 Each 1 Treasurer @ \$5,000 Each was truncated to \$10,000 Limit 5 Dire. ;