DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 (720) 437-6200	
IN RE SOUTH SANTA FE METROPOLITAN DISTRICT NO. 1	
Megan M. Becher, Atty. Reg. #: 33108 McGEADY BECHER P.C. 450 E. 17 th Ave., Suite 400 Denver, Colorado 80203-1254 Phone: (303) 592-4380 Fax: (303) 592-4385 E-mail: mbecher@specialdistrictlaw.com	Case Number: 2006CV001883
OATH OF DIRECTOR	
I, James Sharn, do SWEAR AFFIRM that I will su United States, the Constitution of the State of Colorado, and the la and will faithfully perform the duties of the office of director of the District No. 1 upon which I am about to enter to the best of my abi Name: James Sharn Address: 7181 McInty Arvada, CO	ws of the State of Colorado, e South Santa Fe Metropolitan lity.
STATE OF COLORADO) ss. COUNTY OF	of May, 2022.
1-7.2024 (Commission Expiration) Notary	Seal DALAINA L MILLER NOTARY PUBLIC STATE OF COLORADO NOTARY ID 19994035195 MMIBSIEN EXPIRES JANUARY 07, 2024

{00962096 DOCX v:1 }

KIMT01



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2022

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). CONTACT NAME: FAX (A/C, No): (303) 368-5863 Charles Wilson Insurance Service PHONE (A/C, No, Ext): (303) 368-5757 384 Inverness Parkway Suite 170 E-MAIL ADDRESS: tcwinfo@wilsonins.com Englewood, CO 80112 NAIC # INSURER(S) AFFORDING COVERAGE INSURER A: RLI Insurance Company INSURED INSURER B: South Santa Fe Metropolitan District #1 INSURER C: c/o CliftonLarsonAllen, LLP INSURER D: 8390 E Crescent Parkway, Suite 300 Greenwood Village, CO 80111 INSURER E : INSURER F : REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES 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. LINUTES SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP LIMITS 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 S GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG LOC POLICY OTHER COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED ONLY NON-OWNED AUTOS ONLY S EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGATE **EXCESS LIAB** CLAIMS-MADE RETENTION \$ DED STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE S lf yes, describe under DESCRIPTION OF OPERATIONS below E L DISEASE - POLICY LIMIT 10,000 2/28/2023 LSM1328325 2/28/2020 3 Year Bond DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Public Official Position Schedule Bond 1 Treasurer @ \$5,000 5 Board Members @ \$1,000 each CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521 AUTHORIZED REPRESENTATIVE Denver, CO 80203

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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