DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109										
IN RE THE MATTER OF MERIDIAN METROPOLITAN DISTRICT	▲ COURT USE ONLY ▲									
Attorneys for the District: SPENCER FANE LLP Thomas N. George, Esq., #41395 1700 Lincoln Street, Suite 2000 Denver, CO 80203-4554 (303) 839-3800 – Telephone; (303) 839-3838 – Facsimile	Case No.: 1976CV4507 Division: 1									
E-mail: tgeorge@spencerfane.com	21110101111									
OATH OF OFFICE – PETER CULSHAW										
I, Peter Culshaw, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Meridian Metropolitan District upon which land about to enter. Signature: Peter Culshaw IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED: Subscribed and sworn to before me this day of May, 2022.										
By:										
Title: Officer of	the Board									
OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, THE FOLLO STATE OF COLORADO) ss. COUNTY OF	OWING SHOULD BE COMPLETED:									
Subscribed and sworn to before me this the day of May, 2022, by Peter Co	ulshaw, Director.									
My Notary Commission expires on O S O > O > O > O > O > O > O > O > O >	c									

^{***}Persons authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths)***

KIMT01

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/9/2022

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

u	is certificate does not comer rights to	UIIE	Certi	ilicate liciuei III lieu di Su	CII CIIC	or semient(s)	<u> </u>				
PRODUCER TCW Risk Management			CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No, Ext): (303) 368-5863								
	Inverness Parkway Suite 170 lewood, CO 80112				E-MORESS: tcwinfo@wilsonins.com						
g				INSURER(S) AFFORDING COVERAGE						NAIC #	
				INSURER A : CNA Surety						0022	
INSURED Meridian Metropolitan District c/o Denver Technology Center 6380 S.Fiddlers Green Circle, Suite 400 Greenwood Village, CO 80111					INSURER B :						
					INSURER C:						
					INSURER D:						
					INSURER E:						
					INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUII PER POLIC	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT V SED HEREIN IS	VITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY						•	EACH OCCURRE		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO REI PREMISES (Ea o	NTED ccurrence)	\$	
								MED EXP (Any or		\$	
								PERSONAL & AD	V INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGR	EGATE	\$	
	POLICY PRO- LOC							PRODUCTS - CC	MP/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							(Ea accident)	SLE LIMIT	\$	
	ANY AUTO							BODILY INJURY	(Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY	(Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAM (Per accident)	IAGE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRE	ENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIE	DENT	\$	
	If yes, describe under							E.L. DISEASE - E	A EMPLOYEE	\$	
^	DÉSCRIPTION OF OPERATIONS below 3 Year Bond			43057306		3/11/2022	3/11/2025	E.L. DISEASE - P	OLICY LIMIT	\$	10,000
A	3 rear bonu			43037300		3/11/2022	3/11/2023	Lillin			10,000
Publ 1 Tre	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI ic Official Position Schedule Bond Pasurer @ \$5,000 ard Members @ \$1,000 each	LES (A	ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requii	red)			
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.							
Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521 Denver, CO 80203											
					AUTHORIZED REPRESENTATIVE						