

DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way Ste. 2009 Castle Rock, CO 80109 720-437-6200	
IN RE RAMPART RANGE 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	<p style="text-align: center;">▲ COURT USE ONLY ▲</p> <hr/> Case Number: 2000CV710 Div.: 3 Ctrm.: ____
OATH OF DIRECTOR	

I, Elizabeth Matthews, do ☒ **SWEAR** ☐ **AFFIRM** 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 Rampart Range Metropolitan District No. 1 upon which I am about to enter to the best of my ability.

Elizabeth Matthews

Name: Elizabeth Matthews
 Address: 10756 Hillsboro Circle
 Parker, CO 80134

Subscribed and ☒ sworn ☐ affirmed to before me this 5th day of May, 2022.

By: *Keith D Simon*

Keith Simon, President

(Person authorized to administer oaths, i.e. County Clerk and Recorder, Officer of the Board of Directors, or any other person authorized to administer oaths)



CHATTER

3/30/2021

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 T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112	<table border="1"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (303) 368-5757</td> <td>FAX (A/C, No): (303) 368-5863</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: info@wilsonins.com</td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext): (303) 368-5757	FAX (A/C, No): (303) 368-5863	E-MAIL ADDRESS: info@wilsonins.com					
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INSURED Rampart Range Metropolitan District #1 c/o Clifton Larson Allen, LLP 8390 E. Crescent Pkwy Ste 500 Greenwood Village, CO 80111	<table border="1"> <tbody> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY									EACH OCCURRENCE	\$		
	<input type="checkbox"/>	CLAIMS-MADE		<input type="checkbox"/>						OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	<input type="checkbox"/>									MED EXP (Any one person)	\$		
	<input type="checkbox"/>									PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$		
	<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT						<input type="checkbox"/>	LOC	PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/>	OTHER:									\$		
	AUTOMOBILE LIABILITY												
<input type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY		<input type="checkbox"/>	SCHEDULED AUTOS	BODILY INJURY (Per person)	\$							
<input type="checkbox"/>	HIRED AUTOS ONLY		<input type="checkbox"/>	NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$							
<input type="checkbox"/>					PROPERTY DAMAGE (Per accident)	\$							
<input type="checkbox"/>						\$							
<input type="checkbox"/>						\$							
	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE						AGGREGATE	\$		
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$							\$		
											\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									<input type="checkbox"/> Y / N	N / A	E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$		
										E.L. DISEASE - POLICY LIMIT	\$		
A	3 Year Bond						LSM0936495	10/25/2019	10/25/2022	Limit	10,000		

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

Public Official Positions Schedule Bond

1 Treasurer @ \$5,000

5 Board Members @ \$1,000 each

CANCELLATION

<p>Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521 Denver, CO 80203</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> 