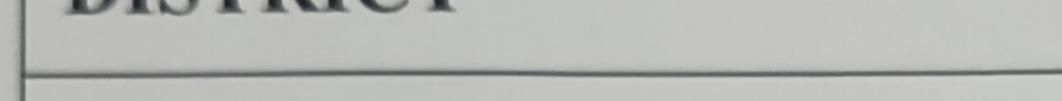
DISTRICT COURT, DOUGLAS COUNTY, COLORADO 4000 Justice Way Ste. 2009 Castle Rock, CO 80109

720-437-6200

IN RE ROXBOROUGH VILLAGE METROPOLITAN DISTRICT



Dino A. Ross, Atty. Reg. #: 20965 Ireland Stapleton Pryor & Pascoe, PC 1660 Lincoln, Suite 3000 Denver, Colorado 80264 Phone: (303) 628-3686 Fax: (303) 623-2062 E-mail: DRoss@irelandstapleton.com

▲ COURT USE ONLY ▲

Case Number: 1985CV141

OATH OF DIRECTOR

COMES NOW the Roxborough Village Metropolitan District ("*District*"), through counsel, and submits to the Court this Director oath of office pursuant to C.R.S. § 32-1-901(1).

I, Clifford Linhardt, do \Box affirm \Box swear 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, upon which I am about to enter, to the best of my ability.

Administered By:

5/12/2025 By: Date

County Clerk & Recorder Board of Directors Officer

□Notary Public □Court Clerk □Other Person Authorized by the Board

Director Oath Of Office And Surety Bond/Crime Insurance Coverage Page 1 of 2



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

VILGL1

ROXBVIL-01

							52	9	/9/2024
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 TCW Risk Management				CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No):(303) 368-5863					368-5863
384 Inverness Parkway Suite 170 Englewood, CO 80112					E-MAIL ADDRESS: tcwinfo@tcwrm.com				500-5005
					INSURER(S) AFFORDING COVERAGE				
					INSURER A : CNA Surety				NAIC #
INSURED					INSURER B :				
Roxborough Village Metropolitan District c/o Clifton Larson Allen, LLP 8390 E Crescent Pkwy #500				INSURER C :					
				INSURER D :					
Greenwood Village, CO 80111									
COVERAGES CERTIFICATE NUMBER:									
	HIS IS TO CERTIFY THAT THE POLICIES			HAVE BEE	N ISSUED			HE PO	
	DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH PO	UIREN RTAIN	IENT, TERM OR CONDITION	N OF ANY DED BY 1	CONTRACT	CT OR OTHER	DOCUMENT WITH RESPE	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE AD		POLICY NUMBER	F (N	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
							PRODUCTS - COMP/OP AGG	\$	
	OTHER:	_					COMBINED SINGLE LIMIT	\$	
							(Ea accident)	\$	
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ \$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
		A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? N / (Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
•	2 Year Bond		68996341		5/1/2024	5/1/2026	E.L. DISEASE - POLICY LIMIT Bond Amount	\$	10,000
			00000041		0/1/2024	5/ 1/2020	Dona Amount		10,000
		(1007					0		
Pub	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES ic Official Position Schedule Bond easurer @ \$5,000	(ACOF	RD 101, Additional Remarks Schedu	ile, may be a	ttached if mor	e space is requir	ed)		
5 Bo	ard Members @ \$1,000 each								
CE	RTIFICATE HOLDER			CANCE	LLATION				
Colorado Department of Local Affairs Division of Local Government-Special Districts				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1313 Sherman St., Rm 521 Denver, CO 80203									

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