

BOARD OF DIRECTOR
OATH OF OFFICE

§32-1-901, §24-12-101 et seq., C.R.S., and
Colorado Constitution Article 12, §9

STATE OF COLORADO

Douglas
COUNTY
Cottonwood Water and Sanitation

I, Judy Lavell, swear that I will faithfully 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 Cottonwood Water and Sanitation District upon which I am about to enter to the best of my ability.

Judy Lavell
(Oath Taker)

STATE OF COLORADO)
COUNTY OF DOUGLAS) ss.
)

Subscribed and sworn to before me this ____ day of _____, 2020, by _____.

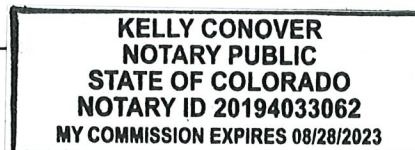
By: _____
(District Officer)

IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED.

STATE OF COLORADO)
COUNTY OF Douglas) ss.
)

Subscribed and sworn to before me this 10th day of May, 2022.

Kelly Conover
(notary signature)
exp 8/28/2023



SEAL

PROCEDURAL INSTRUCTIONS: The oath must be taken within 30 days after the election date or appointment to fill a vacancy: Oaths taken prior to the election date are invalid.

A copy of the executed oath and an individual, schedule, or blanket surety bond must be filed with the Clerk of the Court, the Clerk and Recorder in every county in which the district extends and with the Division of Local Government. If this is the oath of an appointed director, also provide the notice of appointment to the Division in addition to the oath and bond documents; note who is being replaced, if applicable.

Workers' Compensation Coverage Invoice

District: Cottonwood Water & Sanitation District
c/o Mulhern MRE, Inc.
188 Inverness Drive West, Suite 150
Englewood, CO 80112

Broker: Denver Agency Company
210 University Blvd, Suite 600
Denver, CO 80206

Coverage No.		Entity ID		Effective Date		Expiration Date		Invoice Date
POL-0007199		48704		1/1/2022		EOD 12/31/2022		9/8/2021
Class Code	Description	No. of Employees		No. of Volunteers	2022 Rate	2022 Estimated Employee Payroll	2022 Estimated Volunteer Payroll	Estimated Manual Contribution
		FT	PT					
8811	Board Member Coverage	0	0	5	0.75		\$8,000	\$ 60.00

Manual Contribution:		\$ 60.00
Experience Modification:	×	1.00
Modified Contribution:	=	\$ 60.00
Minimum Contribution:		\$ 450.00
Contribution Volume Credit:	-	\$ 0.00
Designated Provider Discount:	-	\$ 0.00
Cost Containment Credit:	×	1.00
Manual Adjustment:	×	
Multi-Program Discount:	×	1.00
Estimated Annual Contribution:	=	\$ 450.00
Pro Rata Factor:	×	1.00
Total Estimated Contribution:	=	\$ 450.00

Total Amount Due: **\$ 450.00**

Estimated payroll is subject to yearend audit.
Commission (9% first year and 6% thereafter) is paid to the broker reflected above.

Payment evidences "acceptance" of this coverage. The terms of the Intergovernmental Agreement (IGA) require timely payment to prevent automatic cancellation of coverage. Please return this invoice and reference the coverage number on your check to help us apply your payment correctly. Only prior notice to the board of directors of the Colorado Special Districts Property and Liability Pool and subsequent approval may extend cancellation provision.

Please remit to: Colorado Special Districts Property and Liability Pool
c/o McGriff Insurance Services, Inc.
PO Box 1539
Portland, OR 97207-1539

Wire transfer available upon request.
Billing questions:
billing@csdpool.org
800-318-8870 ext. 3

Workers' Compensation and Employer's Liability Declarations Page

Coverage Number: POL-0007199
Coverage Period: 1/1/2022 — EOD 12/31/2022

FEIN: 84-0859481
Entity ID: 48704

Named Member:
Cottonwood Water & Sanitation District
c/o Mulhern MRE, Inc.
188 Inverness Drive West, Suite 150
Englewood, CO 80112

Broker of Record:
Denver Agency Company
210 University Blvd, Suite 600
Denver, CO 80206

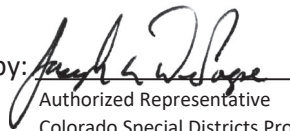
Coverage is provided for only those coverages and classifications indicated below.

State: Colorado
Limits of Liability: Coverage A Workers' Compensation Statutory
Coverage B Employer's Liability \$2,000,000
Annual Contribution: \$ 450.00

Class	Description	2022 Estimated Employee Payroll	2022 Estimated Volunteer Payroll
8811	Board Member Coverage		\$ 8,000

This Declarations page is made and is mutually accepted by the Pool and Named Member subject to all terms that are made a part of the Workers' Compensation Coverage Document. This Declarations page represents only a brief summary of coverages. Please refer to the Coverage Document at csdpool.org for actual coverages, terms, conditions, and exclusions. Named Member must be a member of the Special District Association of Colorado and must adopt the Pool's Intergovernmental Agreement.

Countersigned by:


Authorized Representative
Colorado Special Districts Property and Liability Pool

Date: 9/8/2021

CERTIFICATE OF COVERAGE

ADMINISTRATOR: Colorado Special Districts Property and Liability Pool c/o McGriff, Seibels & Williams, Inc. PO Box 1539 Portland, OR 97207-1539	CERTIFICATE NO.:	CERT-000710
	DATE:	9/8/2021
	This certificate is issued as a matter of information only and confers no rights upon the certificate holder other than those provided in the coverage document. This certificate does not amend, extend, or alter the coverage afforded by the coverage documents listed herein.	
	COMPANIES AFFORDING COVERAGE	
NAMED MEMBER: Cottonwood Water & Sanitation District c/o Mulhern MRE, Inc. 188 Inverness Drive West, Suite 150 Englewood, CO 80112	COMPANY A:	Colorado Special Districts Property and Liability Pool
	COMPANY B:	Safety National Casualty Corporation

COVERAGES

This is to certify that the coverage documents listed herein have been issued to the Named Member herein for the coverage period indicated. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the coverage documents listed herein is subject to all the terms, conditions, and exclusions of such coverage documents.

CO LTR	TYPE OF COVERAGE	LIMITS		COVERAGE NUMBER	EFFECTIVE DATE	EXPIRATION DATE
AB	Workers' Compensation	WC STATUTORY LIMITS		POL-0007199	1/1/2022	EOD 12/31/2022
AB	Employer's Liability	EL EACH ACCIDENT	\$2,000,000			
		EL DISEASE – EACH EMPLOYEE	\$2,000,000			
		EL DISEASE – POLICY LIMIT	\$2,000,000			

Description:

Subject to the terms and conditions of the Workers' Compensation Coverage Document.

Evidence of Coverage Only.

CERTIFICATE HOLDER

CANCELLATION

Colorado Water Conservation Board 1313 Sherman Street, Room 718 Denver, CO 80203	Should any of the above described coverages be canceled before the expiration date thereof, notice will be delivered in accordance with the coverage and policy for provisions.
	AUTHORIZED REPRESENTATIVE: Joseph E. DePaepe 