

BOARD OF DIRECTOR
OATH OF OFFICE

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

STATE OF COLORADO

Jefferson
COUNTY

North Fork Fire Protection District
DISTRICT

I, Elinor F. White, 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 NFFPD District, upon which I am about to enter.
(name of special district)

[Signature]
(signature of oath taker)

Subscribed and sworn to before me this 16th day of May, 2020.

By: [Signature]
(Person 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)

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

STATE OF COLORADO)
COUNTY OF _____) ss.

Subscribed and sworn to before me this _____ day of _____, 20_____.

(notary commission expiration)

(notary signature)

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. every county in which the district
extends and with the Division of Local Government. If this is the oath of an appointed director, inform the Division
which director was replaced.



NORTFOR-14

PRAFERT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/1/2020

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 License # 0757776 HUB International Insurance Services (COL) 2000 S. Colorado Blvd Tower 2, Suite 150 Denver, CO 80222	CONTACT NAME: PHONE (A/C, No, Ext): (303) 893-0300 FAX (A/C, No): (866) 243-0727 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : American Alternative Insurance Corporation INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 19720
INSURED North Fork FPD & North Fork Volunteer Fire Dept. PO Box 183 Buffalo Creek, CO 80425-0183	

COVERAGES				CERTIFICATE NUMBER:		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			
A	X	COMMERCIAL GENERAL LIABILITY					VFIS-TR-2059076-12	10/11/2019	10/11/2020	EACH OCCURRENCE	\$ 1,000,000	
			CLAIMS-MADE	X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
										MED EXP (Any one person)	\$ 5,000	
										PERSONAL & ADV INJURY	\$ 1,000,000	
										GENERAL AGGREGATE	\$ 3,000,000	
										PRODUCTS - COMP/OP AGG	\$ 3,000,000	
											\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:											
		POLICY		PRO-JECT		LOC						
	OTHER:											
A	X	AUTOMOBILE LIABILITY					VFIS-TR-2059076-12	10/11/2019	10/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
			ANY AUTO OWNED AUTOS ONLY		SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
			HIRED AUTOS ONLY		NON-OWNED 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 STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$	
										E.L. DISEASE - POLICY LIMIT	\$	
A	Crime					VFIS-TR-2059076-12	10/11/2019	10/11/2020	Directs(4)Treas (1)		5,000	

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

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE