

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

I, James A Owsiany, 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)

James A Owsiany
(signature of oath taker)

Subscribed and sworn to before me this 05 day of May, 2020.

By: Jan Slaughter Reagin
(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.



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 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | PRODUCTS - COMP/OP AGG | \$ 3,000,000 |
| | | 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) | | | | N / A | | | | E.L. EACH ACCIDENT | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| 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

Evidence of Insurance

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.

AUTHORIZED REPRESENTATIVE

[Signature]