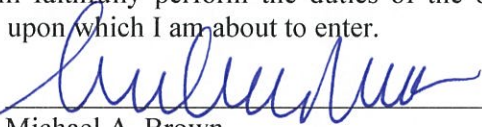


| | |
|---|--|
| DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109 Telephone: 720-437-6200 | ▲ COURT USE ONLY ▲ |
| IN RE MERIDIAN VILLAGE METROPOLITAN DISTRICT NO. 1 | |
| Attorneys for the Petitioners: SPENCER FANE LLP Matthew R. Dalton 1700 Lincoln Street, Suite 2000 Denver, CO 80203 (303) 839-3800 Telephone (303) 839-3838 Facsimile E-mail: mdalton@spencerfane.com Atty. Reg. #: 11192 | Case Number: 2004CV000515 Division: 1 |
| OATH OF OFFICE – MICHAEL A. BROWN | |

I, **Michael A. Brown**, 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 Meridian Village Metropolitan District No. 1 upon which I am about to enter.

Signature: 
 Michael A. Brown

IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED:

Subscribed and sworn to before me this 20 day of May, 2020.

By: _____
 Officer of the Board

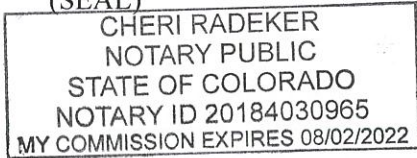
OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, THE FOLLOWING SHOULD BE COMPLETED:

STATE OF COLORADO)
) ss.
 COUNTY OF Douglas)

Subscribed and sworn to before me this 20 day of May, 2020, by Michael A. Brown, Director.

My Notary Commission expires on 08/02/2022

(SEAL)




 Notary Public

Persons 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



MERIVIL-01

LKLIESEN

CERTIFICATE OF LIABILITY INSURANCE

| |
|---------------------------------------|
| DATE (MM/DD/YYYY) 5/26/2020 |
|---------------------------------------|

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 T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112 | <table border="1" style="width: 100%; border-collapse: collapse;"> <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 | | | | | |
| CONTACT NAME: | | | | | | | | | | | |
| PHONE (A/C, No, Ext): (303) 368-5757 | FAX (A/C, No): (303) 368-5863 | | | | | | | | | | |
| E-MAIL ADDRESS: info@wilsonins.com | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : CNA Surety</td> <td style="text-align: center;">0022</td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : CNA Surety | 0022 | | | | | | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | |
| INSURER A : CNA Surety | 0022 | | | | | | | | | | |
| INSURED Meridian Village Metropolitan District No. 1 c/o Denver Technological Center 6380 S. Fiddlers Green Circle Greenwood Village, CO 80111 | <table border="1" style="width: 100%; border-collapse: collapse;"> <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> </table> | INSURER B : | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
| INSURER B : | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | |

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 |
|----------|---|-----------|----------|-----------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | 3 Year Bond | | | 14592332 | 5/25/2019 | 5/25/2022 | Bond Amount 10,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Public Official Position Schedule Bond
1 Treasurer @ \$5,000
5 Board Members @ \$1,000 each

| | |
|--|--|
| <p>CERTIFICATE HOLDER</p> <p>Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521 Denver, CO 80203</p> | <p>CANCELLATION</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> <p style="text-align: center;"><i>Law Kliesen</i></p> |
|--|--|