DISTRICT COURT, DOUGLAS COUNTY, COLORADO					
Douglas County Justice Center					
4000 Justice Way, Suite 2009					
Castle Rock, Colorado 80109					
Telephone: 720-437-6200					
IN RE MERIDIAN VILLAGE METROPOLITAN DISTRICT NO. 4	▲ COURT USE ONLY ▲				
Attorneys for the Petitioners:					
SPENCER FANE LLP	Case Number: 2004CV000518				
Matthew R. Dalton	Case Number. 2004C v 000318				
1700 Lincoln Street, Suite 2000	Division: 3				
	Division. 5				
Denver, CO 80203					
(303) 839-3800 Telephone	-1				
(303) 839-3838 Facsimile					
E-mail: mdalton@spencerfane.com					
Atty. Reg. #: 11192					
OATH OF OFFICE – MICHAEL A	A. BROWN				
Signature: Michael A IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOAK COMPLETED: Subscribed and sworn to before me this 20 day of By: Officer of	RD, THE FOLLOWING SHOULD BE 20.				
OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, THE FOLL	OWING SHOULD BE COMPLETED:				
STATE OF COLORADO)					
COUNTY OF COUNTY OF SS.					
Subscribed and sworn to before me this 26 day of May 20	20, by Michael A. Brown, Director.				
My Notary Commission expires on $08/62/2022$					
(SEALSHERI RADEKER NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20184030965 MY COMMISSION ESTANDIA COLORADO administer oaths, i.e. County Clerk and Colorado administer oaths, i.e. County	nd Recorder, Clerk of the Court,				
Chairman of the Board of Directors, or any other person auth	orized to administer oaths***				

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			CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863								
Eng	lewood, CO 80112				ADDRE:	_{ss:} info@wil	sonins.cor	n			
				INSURER(S) AFFORDING COVERAGE						NAIC#	
				INSURER A : CNA Surety						0022	
Meridian Village Metropolitan District No. 4 c/o Denver Technological Center			INSURER B:								
			INSURER C:								
6380 S. Fiddlers Green Circle, Suite 400				INSURER D:							
Greenwood Village, CO 80111					INSURER E :						
					INSURER F:						
				ENUMBER:	REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIOI THE INSURANCE AFFORI	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH ED HEREIN IS SUE	RESPECT	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY					=		EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre)		
								MED EXP (Any one pe			
								PERSONAL & ADV IN	JURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	GENERAL AGGREGATE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/C	OP AGG \$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	.IMIT \$		
	ANY AUTO							BODILY INJURY (Per p	person) \$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per a			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER	OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						STATUTE	ER			
								E.L. EACH ACCIDENT			
	If yes, describe under							E.L. DISEASE - EA EM			
Α	DÉSCRIPTION OF OPERATIONS below 3 Year Bond			14592353		5/25/2018	5/25/2021	E.L. DISEASE - POLIC Bond Amount	CY LIMIT \$		10,000
_	o real police			17332333		0/20/2010	0/20/2021	Bona Amount			10,000
Publ	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI lic Official Position Schedule Bond easurer @ \$5,000 eard Members @ \$1,000 each	LES (A	ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)			
CERTIFICATE HOLDER					CANCELLATION						
CERTIFICATE HOLDER Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St. Rm 521					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.						

ACORD 25 (2016/03)

Denver, CO 80203

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AUTHORIZED REPRESENTATIVE