

Comprehensive Crime Certificate Holder Declaration

Master Coverage Document Number: CR 00 26 11 15

Certificate Number: POL-0001774

Named Member:

North Meridian Metropolitan District
c/o Denver Technological Center
6380 S. Fiddlers Green Circle
Greenwood Village, CO 80111-2800

Insurer: Fidelity and Deposit Company of Maryland

Coverage Period: 1/1/2020 to EOD 12/31/2020

Broker of Record:

T. Charles Wilson Insurance Service
384 Inverness Parkway
Suite 170
Englewood, CO 80112

Covered ERISA Plan:

Covered Designated Agent(s):


Coverage Limits:

Public Employee Dishonesty Coverage:	\$5,000
Limit is Per Loss	
Faithful Performance of Duty	
Officers, Directors, and Trustees	
Welfare and Pension Plan ERISA Compliance if Covered Plan is shown	
Volunteer Workers as Employees	
Forgery or Alteration Coverage:	\$5,000
Theft, Disappearance, and Destruction Coverage:	\$5,000
Inside Premises	
Outside Premises	
Computer and Funds Transfer Fraud Coverage:	\$5,000
Debit, Credit or Charge Card Forgery Coverage:	\$5,000
Money Orders and Counterfeit Paper Currency Coverage:	\$5,000
Fraudulent Impersonation Coverage:	\$5,000
Crime Deductible:	\$100
Fraudulent Impersonation Deductible:	20% of Fraudulent Impersonation Limit
Contribution:	\$135

Policy Forms:

- CR 00260506 Government Crime Policy
- CR 25070300 Include Specified Directors or Trustees on Committee as Employees
- CR 25080300 Include Specified Non-Compensated Officers as Employees
- CR 25090300 Include Volunteer Workers as Employees
- CR 25190506 Add Faithful Performance of Duty
- CR 25120300 Include Treasurers or Tax Collectors as Employees
- CR 02151104 Colorado Changes
- CR 25200300 Debit, Credit or Charge Card Forgery
- CR 25020506 Include Designated Agents as Employees, when listed
- CR 04171115 Fraudulent Impersonation

This Certificate Holder Declaration is made and is mutually accepted by the CSD Pool and the Named Member subject to all terms which are made a part of the Master Comprehensive Crime Policy. This Certificate represents only a brief summary of coverages. Please refer to the Master Policy Document for actual coverage, terms, conditions, and exclusions.

Countersigned by:  _____
Authorized Representative