

Director's List & District Contact Data Update for:

District, County(ies) of _____

State of Colorado

PLEASE SEND BY MAIL OR FAX TO:

Terri L. Maulik
District Election Specialist
Division of Local Government
1313 Sherman St., Rm 521
Denver CO 80203
Facsimile: 303-866-4819

Our board has: 5 or 7 members. (Circle one)

District Contact Update

District Name:

North Fork Fire Protection District

District Contact Person:

Page Whitesides

District Business Address:

PO Box 183
Buffalo Creek, CO 80425

District Telephone: 303-838-2210

Fax: 303-838-0412

District Email:

nffpd@aol.com

Director's Full Name (Please do not use nick names.)	Title (E.g. Chair, Treasurer)	Address	Elected or Appointed (E or A)	Current Term Expiration Year	Length of Term (1-4 yrs)	Oath on file with DLG (Y)	Bond on file with DLG (Y)
Craig Johnson	V. Pres.	16785 Pine Valley Road Pine Grove, CO 80470	E	2018	4	✓	✓
Tom Benton	Treasurer	23724 Pine Top Ave. Buffalo Creek, CO 80425	E	2016	4	✓	✓
Ronnie Newman	Director	17025 SW Platte River Road Buffalo Creek, CO 80425	E	2018	4	✓	✓
Jon Pelegri	President	21116 Spring Creek Road Buffalo Creek, CO 80425	E	2016	4	✓	✓
Page Whitesides	Secretary	23916 Logan Ave Buffalo Creek, CO 80425	E	2018	4	✓	✓

Submit this information to the division after each election, cancellation of election, change of your board (including vacancies and appointments), change in district contact data, and each year by January 1st.

District Contact Signature

Date

Jon Pelegri

5/20/14

DISTRICT COURT, JEFFERSON COUNTY, COLORADO 100 Jefferson County Pkwy Golden, CO 80401	▲ COURT USE ONLY ▲
IN THE MATTER OF: NORTH FORK FIRE PROTECTION DISTRICT	
Richard W. Toussaint Toussaint & Coaty, P.C. 32065 Castle Court, Suite 150 Evergreen, Colorado 80439 Telephone Number: (303) 674-0800 Fax Number: (303) 674-8492 E-mail: rtoussaint@tnclaw.com Atty. Reg. #: 9217	Case Number: 1992CV2416 Div.: Ctrm.:
OATH OF DIRECTOR	

I, Craig Johnson, 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 North Fork Fire Protection District upon which I am about to enter.

Craig Johnson
Signature of Oath Taker

Subscribed and sworn to before me this 21 day of May, 2014.

Jan Slaughter Rueger
Person authorized to administer oaths, i.e.
County Clerk and Recorder, Clerk of the Court, or
Chairman of the Board of Directors

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

STATE OF COLORADO)
COUNTY OF _____) ss.

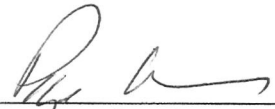
Subscribed and sworn to before me this ____ day of _____, 20____. Witness my hand and official seal.

[SEAL]

Notary Public
My Commission Expires: _____

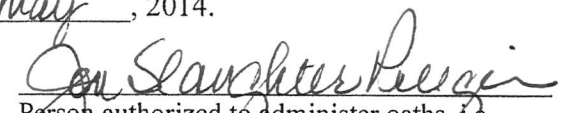
DISTRICT COURT, JEFFERSON COUNTY, COLORADO 100 Jefferson County Pkwy Golden, CO 80401	▲ COURT USE ONLY ▲
IN THE MATTER OF: NORTH FORK FIRE PROTECTION DISTRICT	
Richard W. Toussaint Toussaint & Coaty, P.C. 32065 Castle Court, Suite 150 Evergreen, Colorado 80439 Telephone Number: (303) 674-0800 Fax Number: (303) 674-8492 E-mail: rtoussaint@tnclaw.com Atty. Reg. #: 9217	Case Number: 1992CV2416 Div.: Ctrm.:
OATH OF DIRECTOR	

I, PAGE WHITESIDES, 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 North Fork Fire Protection District upon which I am about to enter.



Signature of Oath Taker

Subscribed and sworn to before me this 21 day of May, 2014.



Person authorized to administer oaths, i.e.
County Clerk and Recorder, Clerk of the Court, or
Chairman of the Board of Directors

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

STATE OF COLORADO)
COUNTY OF _____) ss.

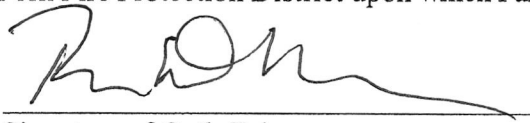
Subscribed and sworn to before me this ____ day of _____, 20____. Witness my hand and official seal.

[SEAL]


Notary Public
My Commission Expires: _____

DISTRICT COURT, JEFFERSON COUNTY, COLORADO 100 Jefferson County Pkwy Golden, CO 80401	▲ COURT USE ONLY ▲
IN THE MATTER OF: NORTH FORK FIRE PROTECTION DISTRICT	
Richard W. Toussaint Toussaint & Coaty, P.C. 32065 Castle Court, Suite 150 Evergreen, Colorado 80439 Telephone Number: (303) 674-0800 Fax Number: (303) 674-8492 E-mail: rtoussaint@tnclaw.com Atty. Reg. #: 9217	Case Number: 1992CV2416 Div.: Ctrm.:
OATH OF DIRECTOR	

I, RONNIE D. NEWMAN, 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 North Fork Fire Protection District upon which I am about to enter.


Signature of Oath Taker

Subscribed and sworn to before me this 21 day of MAY, 2014.


Person authorized to administer oaths, i.e.
County Clerk and Recorder, Clerk of the Court, or
Chairman of the Board of Directors

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____. Witness my hand and official seal.

[SEAL]

Notary Public
My Commission Expires: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/14/2014

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 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 Colorado BW Insurance Agency, Inc. 12000 Washington St Ste 300 Thornton CO 80241	CONTACT NAME: Johna Moors PHONE (A/C No. Ext): (303) 451-5547 FAX (A/C No.): (303) 451-0605 E-MAIL ADDRESS: johna.moors@bankofthewest.com
INSURED North Fork FPD & North Fork Volunteer Fire PO Box 183 Buffalo Creek CO 80425-0183	INSURER(S) AFFORDING COVERAGE INSURER A: American Alternative Ins INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 13-14

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			VFISTR2059076-06	10/11/2013	10/11/2014	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Directors/Officers Incl						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000	
A	AUTOMOBILE LIABILITY			VFISTR2059076-06	10/11/2013	10/11/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			VFISTR2059076-06	10/11/2013	10/11/2014	\$1,000 - Directors 4 \$5,000 - Treasurer 1	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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

Johna Moors/EVEJM