## DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO Court Address: **Douglas County Justice Center** 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 Phone Number: 303-663-7200 IN RE THE MATTER OF JACKSON 105 FIRE PROTECTION DISTRICT Evan D. Ela ▲ COURT USE ONLY ▲ Collins Cockrel & Cole Case No.: 80CV57 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Div.: Ctrm.: Facsimile: (303) 986-1755 E-Mail: eela@cccfirm.com Atty. Reg#: 23965 **OATH OF OFFICE**

I, Jairo Ramirez, do affirm that I will support the Constitution of the United States, the Constitution of the State of Colorado, and the laws of the State of Colorado, and will faithfully perform the duties of the office of Director of the Jackson 105 Fire Protection District upon which I am about to enter to the best of my ability.

STATE OF COLORADO
)
SSS.
COUNTY OF DOUGLAS
)

Subscribed and sworn to before me this 12th day of May, 2020, by Jairo Ramirez.

Person authorized to administer oaths (County Clerk and Recorder, Clerk of the Court, Court Judge, Notary Public, any Officer of the Board or any person designated by the Board, or any other person authorized to administer oaths)

Title: Board Chair



JACK105-01

**CHATTER** 

DATE (MM/DD/YYYY) 05/16/2018

## CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112						CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757  FAX (A/C, No): (3					303) 368-5863	
						E-MAIL ADDRESS: info@wilsonins.com						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
INSI	IPFN	INSURER A : RLI Insurance Company										
INSURED Inches 105 Fire Protection District						INSURER B:						
Jackson 105 Fire Protection District 435 N. Perry Park Road Sedalia, CO 80135					INSURER D :							
					INSURER E :							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	ITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO REN' PREMISES (Ea occ	urrence)	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV INJURY \$		-		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE				
	POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (F	Por noroon)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$		
	AUTOS ONET							(For doordone)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	ENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under					00/04/0047	00/04/0000	E.L. DISEASE - POLICY LIMIT \$		\$		
_	DÉSCRIPTION OF OPERATIONS below			LSM0644890								
Α	3 Year Bond			L5MU64489U		06/24/2017	06/24/2020	Bond Amount			10,000	
Pub 1 Tr	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI lic Official Position Schedule Bond easurer @ \$5,000 eard Members @ \$1,000 each	LES (A	ACORI	D 101, Additional Remarks Schedu	ile, may t	be attached if mo	re space is requi	red)				
CE	RTIFICATE HOLDER				CAN	CELLATION						
	Colorado Department of Loc Division of Local Governme				THE	EXPIRATION	N DATE TH	DESCRIBED POLICE HEREOF, NOTICE CY PROVISIONS.				

ACORD 25 (2016/03)

1313 Sherman St., Rm 521 **Denver, CO 80203** 

**AUTHORIZED REPRESENTATIVE**