DISTRICT COU STATE OF COL	RT, DOUGLAS COUNTY, ORADO						
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 &		Case No.: 80CV57					
390 Union Blvd.,							
Denver, Colorado Telephone: (303							
Facsimile: (303	·	Div.: Ctrm.:					
E-Mail: eela@cc	·						
Atty. Reg#: 2396							
OATH OF OFFICE							

I, Lowell E. Rapp, 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.

Lowell & Rapp

STATE OF COLORADO

COUNTY OF DOUGLAS

Subscribed and sworn to before me this 12^{th} day of May, 2020, by Lowell E. Rapp.

SS.

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



CHATTER D

JACK105-01

DATE	(MM/DD/YYYY)	
05	14010040	

		CERII	FICATE OF LIA		SURAN	UE	05	/16/2018				
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.												
lf	MPORTANT: If the certificate hold f SUBROGATION IS WAIVED, subj his certificate does not confer rights	ect to the	terms and conditions of	the policy, certain	policies may							
PRC	DDUCER			CONTACT NAME:								
	Charles Wilson Insurance Service			PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303)				368-5863				
	glewood, CO 80112			E-MAIL ADDRESS: info@wi	lsonins.cor	n						
				INSURER(S) AFFORDING COVERAGE				NAIC #				
				INSURER A : RLI Insurance Company								
INSU	URED			INSURER B :								
	Jackson 105 Fire Protectio	n District		INSURER C : INSURER D :								
	435 N. Perry Park Road Sedalia, CO 80135											
				INSURER E :								
				INSURER F :								
			E NUMBER:			REVISION NUMBER:						
ll C	HIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA XCLUSIONS AND CONDITIONS OF SUCI	REQUIREN Y PERTAIN	IENT, TERM OR CONDITIO	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHEF	R DOCUMENT WITH RESP	PECT TO	WHICH THIS				
INSR LTR	TYPE OF INSURANCE	ADDL SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS					
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$					
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$					
		_				MED EXP (Any one person)	\$					
		_				PERSONAL & ADV INJURY	\$					
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$					
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$					
	OTHER:						\$					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$					
						BODILY INJURY (Per person)	\$					
	OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per acciden) \$					
	HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$					
							\$					
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MAD	_				EACH OCCURRENCE	\$					
	DED RETENTION \$					AGGREGATE	\$					
	WORKERS COMPENSATION					PER OTH-	\$					
	AND EMPLOYERS' LIABILITY	<u>i</u>					•					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE	\$					
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYE						
Α	3 Year Bond		LSM0644890	06/24/2017	06/24/2020	Bond Amount	φ	10,000				
Pub 1 Tr	CRIPTION OF OPERATIONS / LOCATIONS / VEHI Dic Official Position Schedule Bond easurer @ \$5,000 bard Members @ \$1,000 each	CLES (ACOR	D 101, Additional Remarks Schedu	ile, may be attached if mo	re space is requir	ed)						
CE	RTIFICATE HOLDER		CANCELLATION									
	Colorado Department of Lo Division of Local Governm 1313 Sherman St., Rm 521 Denver, CO 80203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
		Stacy Josefle										

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