

DISTRICT COURT, DOUGLAS COUNTY, COLORADO 4000 Justice Way Ste. 2009 Castle Rock, CO 80109 720-437-6200	
IN RE ROXBOROUGH VILLAGE METROPOLITAN DISTRICT	
Dino A. Ross, Atty. Reg. #: 20965 Ireland Stapleton Pryor & Pascoe, PC 1660 Lincoln, Suite 3000 Denver, Colorado 80264 Phone: (303) 628-3686 Fax: (303) 623-2062 E-mail: Dross@irelandstapleton.com	▲ COURT USE ONLY ▲ Case Number: 1985CV141
OATH OF DIRECTOR	

COMES NOW the Roxborough Village Metropolitan District ("*District*"), through counsel, and submits to the Court this Director oath of office pursuant to C.R.S. § 32-1-901(1).

I, Ephram Glass, do affirm swear swear by the everliving God 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, upon which I am about to enter, to the best of my ability.

By:  5/17/23
Name Date

Administered By:

By:  5/17/23
Name Date

- County Clerk & Recorder Board of Directors Officer
Notary Public Court Clerk Other Person Authorized by the Board

If Sworn or Affirmed before a Notary Public:

STATE OF COLORADO)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 202__.

Name

(notary commission expiration)

Pursuant to C.R.S. § 32-1-901(2) or § 24-14-102(2), a copy of the District's director surety bond or evidence of crime insurance coverage is attached hereto as **Exhibit A.**

Respectfully Submitted,

/s/ Dino A. Ross

Dino A Ross, Esq. #20965

Attorney for the Lyons Fire Protection District



ROXBVIL-01

VILGL1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/8/2023

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 TCW Risk Management 384 Inverness Parkway Suite 170 Englewood, CO 80112	CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863 E-MAIL ADDRESS: tcwinfo@wilsonins.com
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : CNA Surety 0022
INSURED Roxborough Village Metropolitan District c/o Clifton Larson Allen, LLP 8390 E Crescent Pkwy #500 Greenwood Village, CO 80111	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES**CERTIFICATE NUMBER:****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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> N / A						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	2 Year Bond			68996341	5/1/2022	5/1/2024	Bond Amount	10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Public Official Position Schedule Bond**1 Treasurer @ \$5,000****5 Board Members @ \$1,000 each****CERTIFICATE HOLDER**

Colorado Department of Local Affairs
 Division of Local Government-Special Districts
 1313 Sherman St., Rm 521
 Denver, CO 80203

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.

AUTHORIZED REPRESENTATIVE

Susan A Higdon