

<b>DISTRICT COURT, DOUGLAS COUNTY, COLORADO</b> 4000 Justice Way Ste. 2009 Castle Rock, CO 80109 720-437-6200	▲ COURT USE ONLY ▲  Case Number: 1985CV141
<b>IN RE ROXBOROUGH VILLAGE METROPOLITAN DISTRICT</b>	
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	
<b>OATH OF DIRECTOR</b>	

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, Debra Prysby, 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: Debra Prysby 5/17/2023  
Name Date

Administered By:

By: [Signature] 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**

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Dino A Ross, Esq. #20965

Attorney for the Lyons Fire Protection District



# 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).

<b>PRODUCER</b> <b>TCW Risk Management</b> <b>384 Inverness Parkway Suite 170</b> <b>Englewood, CO 80112</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (303) 368-5757</b> <b>FAX (A/C, No): (303) 368-5863</b>
	<b>E-MAIL ADDRESS: tcwinfo@wilsonins.com</b>
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A : CNA Surety</b>	
<b>INSURER B :</b>	
<b>INSURER C :</b>	
<b>INSURER D :</b>	
<b>INSURER E :</b>	
<b>INSURER F :</b>	

<b>INSURED</b>  <b>Roxborough Village Metropolitan District</b> <b>c/o Clifton Larson Allen, LLP</b> <b>8390 E Crescent Pkwy #500</b> <b>Greenwood Village, CO 80111</b>	<b>NAIC #</b>  <b>0022</b>
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## 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
	<b>COMMERCIAL GENERAL LIABILITY</b>  <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>2 Year Bond</b>			<b>68996341</b>	<b>5/1/2022</b>	<b>5/1/2024</b>	<b>Bond Amount</b> \$ <b>10,000</b>

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

## CANCELLATION

Colorado Department of Local Affairs  
 Division of Local Government-Special Districts  
 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.

AUTHORIZED REPRESENTATIVE

*Jusan A Higdon*