DISTRICT COURT, DOUGLAS COUNTY, COLO 4000 Justice Way, Suite 2009	ORADO
Castle Rock, Colorado 80109 Telephone: 720-437-6200	
IN RE THE MATTER OF NORTH PINE VISTA	- Car
METROPOLITAN DISTRICT NO. 1	▲ COURT USE ONLY ▲
Attorneys for the District: SPENCER FANE LLP	Cara Namahan 2011 CV/002200
Russell W. Dykstra, #30899	Case Number: 2011CV002299
1700 Lincoln Street, Suite 2000	Division: 5
Denver, CO 80203-4554	
(303) 839-3800 – Telephone; (303) 839-3838 – Face	simile
E-mail: rdykstra@spencerfane.com	
OATH OF OFFICE – D.	ARWIN HORAN
I, Darwin Horan, will faithfully support the Constitution and the laws made pursuant thereto, and will faithfully per Pine Vistas Metropolitan District No. 1 Signature: IF SWORN OR AFFIRMED BEFORE OFFICER OF TOOMPLETED:	form the duties of the office of Director of North upon which I am about to enter.
Subscribed and sworn to before me this day of	<u>m</u> , 2023.
By:	Officer of the Board
OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, T	HE FOLLOWING SHOULD BE COMPLETED:
STATE OF COLORADO)) ss.	
COUNTY OF)	
Subscribed and sworn to before me this day of	, 2023, by Darwin Horan, Director.
My Notary Commission expires on	
(SEAL)	Notory Dublic
Γ	Notary Public

^{***}Persons authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths***

KIMT01

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/20/2022

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 T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170			CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757 E-MAIL ADDRESS: tcwinfo@wilsonins.com								
										Eng	lewood, CO 80112
					INSURER(S) AFFORDING COVERAGE						NAIC#
					INSURER A : CNA Surety						0022
INSURED 1				INSURER B:							
North Pine Vistas Metropolitan District No. I c/o Spencer Fane, LLP					INSURER C:						
	1700 Lincoln St. Suite 2000				INSURER D:						
Denver, CO 80203-4538					INSURER E :						
					INSURER F:						
CO	VERAGES CER	TIFIC	CATI	E NUMBER:				REVISION NU	MBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REM TAIN	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER IES DESCRIE	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	IIIOD				(IIIIII)	(MINIS DATE OF THE P	EACH OCCURREN	NCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO REN PREMISES (Ea oc		\$	
							MED EXP (Any one person)		\$		
								PERSONAL & AD\		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:									\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM		\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGI (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (I		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	\GE	\$	
	7,0,000 0,121									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		N/A						E.L. EACH ACCIDI	ENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		\$	
										\$	
Α	3 Year Bond			61223579		12/14/2020	12/14/2023	Bond Amount			10,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS //	ACOP	D 101 Additional Pemarks School	ıle mav b	ne attached if mor	re snace is requi	red)			
Pub 1 Tr	lic Official Position Schedule Bond easurer @ \$5,000 eard Members @ \$1,000 each				iic, iiiay s		о ориос во годи				
CERTIFICATE HOLDER			CAN	CELLATION							
	Colorado Department of Loc				THE	EXPIRATIO	N DATE TH	DESCRIBED POLI HEREOF, NOTIC CY PROVISIONS.			

ACORD 25 (2016/03)

1313 Sherman St., Rm 521 Denver, CO 80203

AUTHORIZED REPRESENTATIVE