DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 Telephone: 720-437-6200									
IN RE MERIDIAN VILLAGE METROPOLITAN DISTRICT NO. 1	▲ COURT USE ONLY ▲								
Attorneys for the Petitioners: SPENCER FANE LLP Thomas N. George, Esq., Atty. Reg. #: 41395 1700 Lincoln Street, Suite 2000 Denver, CO 80203 (303) 839-3800 Telephone (303) 839-3838 Facsimile E-mail: tgeorge@spencerfane.com	Case Number: 2004CV000515 Division: 1								
OATH OF OFFICE – GRAHAM HOLLIS									
I, Graham Hollis, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Meridian Village Metropolitan District No. 1 upon which I am about to enter. Signature: Graham Hollis IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED:									
Subscribed and sworn to before me this day of May, 20	023.								
By: Officer of the Board									
OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, BE COMPLETED:	THE FOLLOWING SHOULD								
STATE OF COLORADO) ss.									
COUNTY OF Down)									
Subscribed and sworn to before me thisU day of May, 20 My Notary Commission expires onU/\u00e4\u00b10077	023, by Graham Hollis, Director.								
(SEAL) HANNAH BOLDT NOTARY PUBLIC - STATE OF COLORADO NOTARY ID 20234014342 MY COMMISSION EXPIRES APR 14, 2027 ***Persons authorized to distribute act his, i.e. County Clerk and Chairman of the Board of Directors, or any other person authorized to the county Clerk and Chairman of the Board of Directors, or any other person authorized to the county Clerk and Chairman of the Board of Directors, or any other person authorized to the county Clerk and Chairman of the Board of Directors, or any other person authorized to the county Clerk and Chairman of the Board of Directors, or any other person authorized to the county Clerk and Chairman of the Board of Directors, or any other person authorized to the county Clerk and Chairman of the Board of Directors, or any other person authorized to the county Clerk and Chairman of the Board of Directors, or any other person authorized to the county Clerk and Chairman of the Board of Directors, or any other person authorized to the county Clerk and Chairman of the Board of Directors, or any other person authorized to the county Clerk and Chairman of the Board of Directors, or any other person authorized to the county Clerk and Chairman of the Board of Directors, or any other person authorized to the county Clerk and Chairman of the Cha	d Recorder, Clerk of the Court,								

 $\S 32\text{-}1\text{-}901,$ C.R.S., and Colorado Constitution Article 12, $\S 9$

KIMT01

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/10/2022

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).

	DUCER				CONTA NAME: PHONE				FAV			
TCW Risk Management 384 Inverness Parkway Suite 170				PHONE (A/C, No, Ext): (303) 368-5757 E-MAIL ADDRESS: tcwinfo@wilsonins.com				FAX (A/C, No): (303) 368-5863				
Eng	plewood, CO 80112				ADDRE	_{ss:} tcwinto@	wilsonins	.com			1	
								RDING COVERAGE			NAIC#	
					INSURER A : CNA Surety						0022	
INSU	JRED			N. 4	INSURER B:						<u> </u>	
	Meridian Village Metropolitar c/o Denver Technological Ce					RC:						
	6380 S. Fiddlers Green Circle				INSURER D:							
	Greenwood Village, CO 8011	1			INSURER E : INSURER F :							
CO	VERAGES CERT	TIFIC	ATE	NUMBER:	REVISION NUMBER:							
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUII PERT	REME ΓΑΙΝ,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WI SED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
INSR LTR		ADDL INSD	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	VVVD			(MIM/DD/1111)	(WIWI/DD/1111)	EACH OCCURREN		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED	\$		
								MED EXP (Any one PERSONAL & ADV	•	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$		
	ACTOC CITET ACTOC CITET									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYER		- s		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$		
Α	3 Year Bond			14592332		5/25/2019	5/25/2022			Ţ	10,000	
Pub 1 Tr	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL lic Official Position Schedule Bond easurer @ \$5,000 pard Members @ \$1,000 each	.ES (A	CORE	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requii	red)				
CF	RTIFICATE HOLDER				CANO	ELLATION						
Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Denver. CO 80203			AUTHORIZED REPRESENTATIVE								