	OATH OF OFFICE		
E-mail: <u>cnor</u>	ton@nortonsmithlaw.com		
FAX Number:			
Phone Number:			
Denver, Colorado 8	Div.:		
600 17th Street, Suit		Cuse Italiaer. 1907 C v 30	
NORTON & SMITH, I	Case Number: 1987CV50		
Charles E. Norton,			
Attorney for Petiti	→ COURT USE ONLY		
	OF CASTLE PINES COMMERCIAL N DISTRICT NO. 3	A COURT HEE ONLY	
Petitioner:			
Telephone No.:	(720) 437-6200		
Court Address:	4000 Justice Way, Ste. 2009 Castle Rock CO 80109	·	
STATE OF COLO			
	r, DOUGLAS COUNTY,		

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 Castle Pines Commercial Metropolitan District No. 3 into which I am about to enter to the best of my ability. My term expires May 2025.

Kelly McCurley

STATE OF COLORADO)
) ss
COUNTY OF DOUGLAS)

Subscribed and sworn to before me this Thay of War

VICTORIA M COLLINS **NOTARY PUBLIC** STATE OF COLORADO NOTARY ID 20014006583

My Commission Expires March 2, 2025

SEAL (if Notary)

Person Authorized to administer oaths



Workers' Compensation Coverage Invoice

District: Castle Pines Commercial Metropolitan District No. 3

Mulhern MRE, Inc.

188 Inverness Drive West, Suite 150

Englewood, CO 80112

Broker: T. Charles Wilson Insurance Service

384 Inverness Parkway

Suite 170

Englewood, CO 80112

Co	verage No.	Entity	ID		Effective Da	ate	Expiration Dat	e	In	voice Date
PC	OL-0007415	6142	5		1/1/2022		EOD 12/31/202	2		9/8/2021
Class Code	Descri	ption	No. of En	nployees PT	No. of Volunteers	2022 Rate	2022 Estimated Employee Payroll		stimated eer Payroll	Estimated Manual Contribution
8811	Board Member Cov	erage	0	0	5	0.75			\$6,000	\$ 45.00
					•		Manual Contrib	ution:		\$ 45.00
							Experience Modific	cation:	×	1.00
							Modified Contrib	ution:	=	\$ 45.00
							and the second s			

Experience Modification: × 1.00

Modified Contribution: = \$ 45.00

Minimum Contribution: \$ 450.00

Contribution Volume Credit: - \$ 0.00

Designated Provider Discount: - \$ 0.00

Cost Containment Credit: × 1.00

Manual Adjustment: ×

Multi-Program Discount: × 1.00

Estimated Annual Contribution: = \$450.00Pro Rata Factor: \times 1.00

Total Estimated Contribution: = \$450.00

Total Amount Due: \$ 450.00

Estimated payroll is subject to yearend audit.

Commission (9% first year and 6% thereafter) is paid to the broker reflected above.

Payment evidences "acceptance" of this coverage. The terms of the Intergovernmental Agreement (IGA) require timely payment to prevent automatic cancellation of coverage. Please return this invoice and reference the coverage number on your check to help us apply your payment correctly. Only prior notice to the board of directors of the Colorado Special Districts Property and Liability Pool and subsequent approval may extend cancellation provision.

Please remit to: Colorado Special Districts Property and Liability Pool

c/o McGriff Insurance Services, Inc.

PO Box 1539

Portland, OR 97207-1539

Wire transfer available upon request.

Billing questions: billing@csdpool.org 800-318-8870 ext. 3



Workers' Compensation and Employer's Liability Declarations Page

 Coverage Number:
 POL-0007415
 FEIN:
 61-1509152

 Coverage Period:
 1/1/2022 — EOD 12/31/2022
 Entity ID:
 61425

Named Member: Broker of Record:

Castle Pines Commercial Metropolitan District

T. Charles Wilson Insurance Service

No. 3 384 Inverness Parkway

Mulhern MRE, Inc.

Suite 170

188 Inverness Drive West, Suite 150

Englewood, CO 80112

Englewood, CO 80112

Coverage is provided for only those coverages and classifications indicated below.

State: Colorado

Limits of Liability: Coverage A Workers' Compensation Statutory

Coverage B Employer's Liability \$2,000,000

Annual Contribution: \$ 450.00

Class	Description	2022 Estimated Employee Payroll	2022 Estimated Volunteer Payroll
8811	Board Member Coverage		\$ 6,000

This Declarations page is made and is mutually accepted by the Pool and Named Member subject to all terms that are made a part of the Workers' Compensation Coverage Document. This Declarations page represents only a brief summary of coverages. Please refer to the Coverage Document at csdpool.org for actual coverages, terms, conditions, and exclusions. Named Member must be a member of the Special District Association of Colorado and must adopt the Pool's Intergovernmental Agreement.

Date: 9/8/2021

Countersigned by:

Authorized Representative

Colorado Special Districts Property and Liability Pool



Crime Certificate Holder Declaration

Master Coverage Document Number: J05931794

Certificate Number: POL-0009001

Named Member:

Castle Pines Commercial Metropolitan District No. 3

c/o Mulhern MRE, Inc.

188 Inverness Drive West, Suite 150

Englewood, CO 80112

Broker of Record:

TCW Risk Management 384 Inverness Parkway

Suite 170

Englewood, CO 80112

Covered Designated Agent(s):

Insurer: Federal Insurance Company (Chubb)

Coverage Period: 1/1/2022 to EOD 12/31/2022

Coverages and Limits:

Employee Theft: \$5,000

Limit is maximum for each loss

• Employee includes executives, full-time, part-time, seasonal, leased and temporary employee(s), interns or non-compensated volunteer.

· Includes funds from a sponsored benefit plan.

Public Official Faithful Performance of Duty:	\$5,000
Client Theft:	\$5,000
Forgery or Alteration:	\$5,000
On Premises:	\$5,000
In Transit:	\$5,000
Computer System Fraud:	\$5,000
Funds Transfer Fraud:	\$5,000
Debit, Credit or Charge Card Fraud:	\$5,000
Money Orders and Counterfeit Paper Currency Fraud:	\$5,000
Social Engineering Fraud:	\$5,000

Deductible(s):

All Crime except Social Engineer Fraud: \$100

Social Engineering Fraud: 20% of Social Engineering Fraud Limit

Contribution: \$135

Policy Forms:

PF-52815 (04/20) The Chubb Primary[™] Commercial Crime Insurance

PF-52853 (04/20) Governmental Entity (Colorado Special Districts Pool) Endorsement

PF-53127 (04/20) Colorado Amendatory Endorsement PF-52851 (04/20) Add Corporate Credit Card Coverage

This Certificate Holder Declaration is made and is mutually accepted by the CSD Pool and the Named Member subject to all terms which are made a part of the Master Crime Policy. This Certificate represents only a brief summary of coverages. Please refer to the Master Policy Documents for actual coverage, terms, conditions, and exclusions.

Countersigned by:

Authorized Representative