1	DOUGLAS COUNTY,	
STATE OF COLORA	ADO	
Court Address:	4000 Justice Way, Ste. 2009	
	Castle Rock CO 80109	
Telephone No.:	(720) 437-6200	
Petitioner:		
IN RE MATTER OF METROPOLITAN	F CASTLE PINES COMMERCIAL DISTRICT NO. 3	
Attorney for Petition	10m	ACOURT USE ONLYA
Charles E. Norton, #1		
Norton & Smith, P.		
600 17 th Street, Suite	Case Number: 1987CV50	
Denver, Colorado 802		
Phone Number:		Div.:
FAX Number:	(303) 292-6401	
E-mail:	enorton@nortonsmithlaw.com	
	OATH OF OFFICE	•

I, Randall Warren, affirm 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 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.

Randall Warren

STATE OF COLORADO)
) ss
COUNTY OF DOUGLAS)

Subscribed and sworn to before me this 5th day of May, 2022.

KELLY CONOVER
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20194033062
MY COMMISSION EXPIRES 08/28/2023

By: Kelly Conord
Person Authorized to administer oaths

SEAL (if Notary)



Workers' Compensation Coverage Invoice

District: Castle Pines Commercial Metropolitan District No. 3

Mulhern MRE, Inc.

188 Inverness Drive West, Suite 150

Englewood, CO 80112

T. Charles Wilson Insurance Service **Broker:**

384 Inverness Parkway

Suite 170

Englewood, CO 80112

Cov	verage No.	Entity ID			Effective Date		Expiration Dat	:e	Invoice Date	
PO	L-0007415	6142	5		1/1/2022		EOD 12/31/202	2	9/8/2	2021
Class	Description		No. of Em	ployees	No. of 2022 Rate		2022 Estimated	2022 Estimat	ed Esti	imated Manual
Code			FT	PT	Volunteers	ZUZZ Kate	Employee Payroll	Volunteer Pay	roll (Contribution
8811	Board Member Cov	erage	0	0	5	0.75		\$6,0	000	\$ 45.00
										4

Manual Contribution:		\$ 45.00
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: \$ 450.00 Pro Rata Factor: 1.00 \$ 450.00

Total Estimated Contribution:

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