DISTRICT COURT, DOUGLAS COUNTY, COLORADO Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109										
IN RE THE MATTER OF MERIDIAN METROPOLITAN DISTRICT	A (COURT USE ONLY A								
Attorneys for the District: SPENCER FANE LLP Matthew R. Dalton, #11192		V								
1700 Lincoln Street, Suite 2000 Denver, CO 80203-4554	Case No.: 1976CV4507									
(303) 839-3800 – Telephone; (303) 839-3838 – Facsimile E-mail: <u>mdalton@spencerfane.com</u>	Div	rision: 1								
OATH OF OFFICE - THOMAS J. ASHBURN										

I, Thomas J. Ashburn, 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 Metropolitan District upon which I am about to enter.

Signature: Thomas de

IF SWORN OR AFFIRMED BEFORE OFFICER OF THE BOARD, THE FOLLOWING SHOULD BE COMPLETED:

Subscribed and sworn to before me this

By:

Title:

Officer of the Board

OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, THE FOLLOWING SHOULD BE COMPLETED:

STATE OF COLORADO

Subscribed and sworn to before me this 9 day of

_ 2020, by Thomas J. Ashburn, Director.

My Notary Commission expires on

(SEAL)

JENNIFER EADS NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20174010898 MY COMMISSION EXPIRES 03/10/2021

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) ***



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

CHATTER

DATE (MM/DD/YYYY) 6/3/2020

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).

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PRODUCER T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112					CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757 E-MAIL ADDRESS: info@wilsonins.com						
·					INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURER A : CNA Surety					0022	
INSURED				INSURER B:							
Meridian Metropolitan District c/o Denver Technology Center 6380 S.Fiddlers Green Circle, Suite 400 Greenwood Village, CO 80111					INSURER C:						
					INSURER D:						
					INSURE						
					INSURER F:						
				NUMBER:				REVISION NUMBER:			
IN CI	HIS IS TO CERTIFY THAT THE POLICIED INCATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPI	ECT TO	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	-	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	ГS		
	COMMERCIAL GENERAL LIABILITY					,	<u>,</u>	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMPINIED ONLOUE LINUT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
Α.	DESCRIPTION OF OPERATIONS below 3 Year Bond			42057206		2/44/2040	2/44/2022	E.L. DISEASE - POLICY LIMIT	\$	40.000	
Α	S Tear Bollu			43057306		3/11/2019	3/11/2022	Limit		10,000	
Publ I Tre 5 Bo	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ic Official Position Schedule Bond Pasurer @ \$5,000 ard Members @ \$1,000 each	LES (A	ACORD	0 101, Additional Remarks Schedu			e space is requir	red)			
CERTIFICATE HOLDER					CANCELLATION						
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