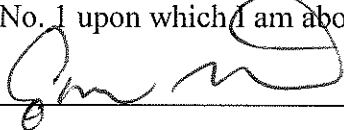


DISTRICT COURT, DOUGLAS COUNTY, COLORADO 4000 Justice Way, Suite 9000, Castle Rock, CO 80109 Telephone No.: (303) 663-7200	
<b>IN RE THE MATTER OF HORSESHOE RIDGE          METROPOLITAN DISTRICT NO. 1</b>	<b>▲ COURT USE ONLY ▲</b>
Attorneys for the District: SPENCER FANE LLP David S. O'Leary 1700 Lincoln Street, Suite 2000 Denver, Colorado 80203 (303) 839-3800 (303) 839-3838 - Facsimile E-mail: doleary@spencerfane.com Atty. Reg. #: 026851	Case No.: 2005CV1525 Div.: 1
<b>OATH OF OFFICE – JOHN WILL</b>	

I, **John Will**, 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 Horseshoe Ridge Metropolitan District No. 1 upon which I am about to enter.

Signature: 

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

Subscribed and sworn to before me this 16<sup>th</sup> day of May 2022.

By:   
 Title: Officer of the Board

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

STATE OF COLORADO )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2022, by John Will, Director.

My Notary Commission expires on \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
 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\*\*\**

**Crime Certificate Holder Declaration**

**Master Coverage Document Number:** J05931794  
**Certificate Number:** POL-0007878

**Insurer:** Federal Insurance Company (Chubb)  
**Coverage Period:** 1/1/2022 to EOD 12/31/2022

**Named Member:**

Horseshoe Ridge Metropolitan District No. 1  
c/o MSP Companies  
720 S. Colorado Blvd. Suite 940 - North Tower  
Denver, CO 80246

**Broker of Record:**

Moody Insurance Agency  
8055 E. Tufts Ave., Suite 1000  
Denver, CO 80237

**Covered Benefit Plan:**

**Covered Designated Agent(s):**

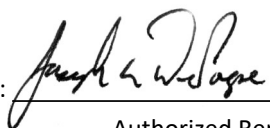
**Coverages and Limits:**

<b>Employee Theft:</b>	\$5,000
<ul style="list-style-type: none"> <li>· Limit is maximum for each loss</li> <li>· Employee includes executives, full-time, part-time, seasonal, leased and temporary employee(s), interns or non-compensated volunteer.</li> <li>· Includes funds from a sponsored benefit plan, when the Covered Benefit Plan name is listed above.</li> </ul>	
<b>Public Official Faithful Performance of Duty:</b>	\$5,000
<b>Client Theft:</b>	\$5,000
<b>Forgery or Alteration:</b>	\$5,000
<b>On Premises:</b>	\$5,000
<b>In Transit:</b>	\$5,000
<b>Computer System Fraud:</b>	\$5,000
<b>Funds Transfer Fraud:</b>	\$5,000
<b>Debit, Credit or Charge Card Fraud:</b>	\$5,000
<b>Money Orders and Counterfeit Paper Currency Fraud:</b>	\$5,000
<b>Social Engineering Fraud:</b>	\$5,000
<b><u>Deductible(s):</u></b>	
<b>All Crime except Social Engineer Fraud:</b>	\$100
<b>Social Engineering Fraud:</b>	20% of Social Engineering Fraud Limit
<b><u>Contribution:</u></b>	\$144

**Policy Forms:**

PF-52815 (04/20)	The Chubb Primary <sup>SM</sup> 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