



Deferral Program

Colorado Special Districts Property and Liability Pool Comprehensive Crime Certificate Holder Declaration

Master Coverage Policy Number: CCP0037259

Certificate Number: 27C60011-580

Coverage Period: 1/1/2014 Until Cancelled

Billing Period: 1/1/2014 to 1/1/2015

Named Member:

E-470 Potomac Metropolitan District
c/o CliftonLarsonAllen LLP
8390 E. Crescent Parkway, Suite 500
Greenwood Village, CO 80111

Broker of Record:

T. Charles Wilson Insurance Service
384 Inverness Parkway
Centennial, CO 80112

Covered ERISA Plan:

Coverage, Limits of Insurance and Deductibles

Limits:

Public Employee Dishonesty Coverage:

\$5,000

- Limit is Per Loss
- Faithful Performance of Duty
- Officers, Directors, and Trustees
- Welfare and Pension Plan ERISA Compliance if Covered Plan is shown on application
- Volunteer Workers as Employees

Forgery or Alteration Coverage:

\$5,000

Theft, Disappearance, and Destruction Coverage:

Inside Premises

\$5,000

Outside Premises

\$5,000

Computer and Funds Transfer Fraud Coverage:

Limits are equal to Employee Dishonesty Coverage or \$25,000 whichever is less

Debit, Credit or Charge Card Forgery Coverage:

Limits are equal to Employee Dishonesty Coverage or \$25,000 whichever is less

Money Orders and Counterfeit Paper Currency Coverage:

\$5,000

Crime Deductible: \$100

Contribution: \$133.31

Policy Forms:

- CR 00260506 Government Crime Policy
- CR 25070300 Include Specified Directors or Trustees on Committee as Employees
- CR 25080300 Include Specified Non-Compensated Officers as Employees
- CR 25090300 Include Volunteer Workers as Employees
- CR 25190506 Add Faithful Performance of Duty
- CR 25120300 Include Treasurers or Tax Collectors as Employees
- CR 02151104 Colorado Changes
- CR 25200300 Debit, Credit or Charge Card Forgery

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 Comprehensive Crime Policy. This Certificate represents only a brief summary of coverages. Please refer to the Master Policy Document for actual coverage, terms, conditions, and exclusions.

Countersigned by: _____

Authorized Representative

Monday, December 02, 2013

Entity ID#: 60011