| DISTRICT COURT | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| COUNTY OF DOUGLAS, COLORADO | |
| Court Address: 4000 Justice Way, Suite 2009 | |
| Castle Rock, Colorado 80109 | |
| Telephone No.: 720-437-6200 | |
| Petitioners: | |
| Northern Douglas County Water and Sanitation District | |
| Attorneys for Petitioners: | ▲Court Use Only▲ |
| Barbara Vander Wall SETER & VANDER WALL, P.C. 7400 E. Orchard Road, Suite 3300 Greenwood Village, Colorado 80111 Telephone: 303.770.2700 Facsimile: 303.770.0348 E-mail: <u>bvanderwall@svwpc.com</u> Atty. Reg. # 21014 | Case Number: 80 CV 126 |
| | |

OATH OF DIRECTOR DINA HELEN GERARD

OATH OF DIRECTOR

I, Dina Helen Girard, 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 the Northern Douglas County Water and Sanitation District into which I am about to enter.

Dina Helen Girard, Director

Subscribed and sworn to before me this _____ day of _____, 2014.

WITNESS my hand and official seal. My commission expires: 4-22-17

(S E A L)

Kathy Sugar Notary Public

KATHY SUAZO NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20074000377 MY COMMISSION EXPIRES APRIL 22, 2017





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

Master Coverage Policy Number: CCP0037259

Certificate Number: 27C48089-190 Northern Douglas County Water & Sanitation District c/o CliftonLarsonAllen LLP 8390 E. Crescent Parkway, Suite 500 Coverage Period: 1/1/2014 Until Cancelled Billing Period: 1/1/2014 to 1/1/2015

Broker of Record:

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

Covered ERISA Plan:

Greenwood Village, CO 80111

| Coverage, Limits of Insura | ance and Deductibles | Limits: |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Public Employee Dis | shonesty Coverage: | \$5,000 |
| - Límit is Per Los | - | |
| - Faithful Perform | | |
| - Officers, Directo | • | |
| | nsion Plan ERISA Compliance is shown on application | |
| | ers as Employees | |
| Forgery or Alteration | n Coverage: | \$5,000 |
| Theft, Disappearanc | e, and Destruction Coverage: | |
| Inside Premises | 5 | \$5,000 |
| Outside Premis | es | \$5,000 |
| Computer and Funds Transfer Fraud Coverage: | | |
| Limits are equal to Employee Dishonesty Coverage or \$25,000 whichever is less | | |
| Debit, Credit or Cha | rge 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 CR 25080300 Include Specified Non-Compensated Officers as Emp 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:

h a apre Authorized Representative

Thursday, December 05, 2013

Entity ID#: 48089