


DISTRICT COURT COUNTY OF DOUGLAS, COLORADO Court Address: 4000 Justice Way, Ste. 2009 Castle Rock, CO 80109 Telephone No.: (720) 437-6200	<p style="text-align: center;">▲Court Use Only▲</p>
Petitioners: Highfield Metropolitan District <hr/> Attorneys for Petitioners: Tamara K. Seaver, Esq. Shannon S. Johnson, Esq. ICENOGLE SEAVER POGUE, P.C. A Professional Corporation 4725 South Monaco Street, Suite 360 Denver, Colorado 80237 Telephone: 303.292.9100 Facsimile: 303.292.9101 E-mail Seaver: tseaver@isp-law.com E-mail Johnson: sjohnson@isp-law.com Atty. Reg. Seaver: #37851 Atty. Reg. Johnson: #47657	Case Number: 07CV2286 Div.: _____
OATH OF DIRECTOR AND EVIDENCE OF BOND IN THE MATTER OF HIGHFIELD METROPOLITAN DISTRICT	
OATH OF DIRECTOR	

I, Hugh Smith, do (SWEAR or 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 upon which I am about to enter to the best of my ability.



 Hugh Smith, Director

Subscribed and sworn to before me this 26th day of MAY, 2020.

WITNESS my hand and official seal.

My commission expires: 7/7/2021

(SEAL)

MADELINE M BEHNKE
 NOTARY PUBLIC - STATE OF COLORADO
 Notary ID #20174028314
 My Commission Expires 7/7/2021



 Notary Public **MADELINE M. BEHNKE**

Subscribed and sworn to before me this _____ day of _____, 2020.

Officer of the District
(President or Secretary and/or Treasurer)

Subscribed and sworn to before me this _____ day of _____, 2020.

Designee of the District

Pursuant to Section 24-12-103, C.R.S., the courts, judges, magistrates, referees, clerks, and deputy clerks within their respective districts or counties; a person designated by the governing body, or any officer thereof; and notaries public within any county of this state have the power to administer all oaths or affirmations of office.

EVIDENCE OF BOND

The Highfield Metropolitan District hereby provides evidence of an individual, schedule or blanket surety bond for the above named director in satisfaction of the requirements of Section 32-1-901(2), C.R.S., attached hereto as **Exhibit A** and incorporated herein by this reference.

EXHIBIT A
Evidence of Bond



**Colorado Special Districts
Property and Liability Pool**

Comprehensive Crime Certificate Holder Declaration

Master Coverage Document Number: CR 00 26 11 15

Certificate Number: POL-0002510

Named Member:

Highfield Metropolitan District
c/o Bradbury Companies
9380 Station St, #500
Lone Tree, CO 80124

Insurer: Fidelity and Deposit Company of Maryland

Coverage Period: 1/1/2020 to EOD 12/31/2020

Broker of Record:

Covered ERISA Plan:

Covered Designated Agent(s):

Coverage Limits:

Public Employee Dishonesty Coverage:

\$15,000

Limit is Per Loss

Faithful Performance of Duty

Officers, Directors, and Trustees

Welfare and Pension Plan ERISA Compliance if Covered Plan is shown

Volunteer Workers as Employees

Forgery or Alteration Coverage:

\$15,000

Theft, Disappearance, and Destruction Coverage:

\$15,000

Inside Premises

Outside Premises

Computer and Funds Transfer Fraud Coverage:

\$15,000

Debit, Credit or Charge Card Forgery Coverage:

\$15,000

Money Orders and Counterfeit Paper Currency Coverage:

\$15,000

Fraudulent Impersonation Coverage:

\$15,000

Crime Deductible:

\$250

Fraudulent Impersonation Deductible:

20% of Fraudulent Impersonation Limit

Contribution:

\$190

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

CR 25020506 Include Designated Agents as Employees, when listed

CR 04171115 Fraudulent Impersonation

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

