## DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way Ste. 2009 Castle Rock, CO 80109 (720)-437-6200 IN RE ANTELOPE HEIGHTS METROPOLITAN DISTRICT ▲ COURT USE ONLY ▲ Elisabeth A. Cortese, Atty. Reg. #: 41222 McGEADY BECHER P.C. 450 E. 17th Ave., Suite 400 Case Number: 2002CV1055 Denver, Colorado 80203-1254 Phone: (303) 592-4380 Div.: 5 Ctrm.: \_\_\_\_ Fax: (303) 592-4385 E-mail: ecortese@specialdistrictlaw.com **OATH OF DIRECTOR**

I, Toni Serra, do SWEAR 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 of the Antelope Heights Metropolitan District upon which I am about to enter to the best of my ability.

Lon Dena

Name: Toni Serra

Address: 8897 Cloverleaf Cir.

Parker, CO 80134-3972

Subscribed and sworn affirmed to before me this 3rd day of May , 2023.

By: Joel Farkas

(Person authorized to administer oaths, i.e. County Clerk and Recorder, Officer of the Board of Directors, or any other person authorized to administer oaths)



**SHIGDON** 



DATE (MM/DD/YYYY) 3/6/2023

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).

PRODUCER ICW Risk Management 384 Inverness Parkway Suite 170 Englewood, CO 80112						CONTACT NAME: PHONE (A/C, No, Ext): (303) 368-5757  E-MAIL address: tcwinfo@wilsonins.com						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A : R. L. I.					0028	
INSURED Antelope Heights Metropolitan District c/o CliftonLarsonAllen, LLP 8390 E. Crescent Pkwy, Suite 300 Greenwood Village, CO 80111-4974						INSURER B:						
						INSURER C:						
						INSURER D :						
						INSURER E :						
				INSURER F:								
		RTIFICATE NUMBER:				REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WI	TH RESPE	CT TO	WHICH THIS	
NSR LTR	NSR TYPE OF INSURANCE			SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS				
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR							EACH OCCURREN DAMAGE TO RENT PREMISES (Ea occ	ED	\$		
								MED EXP (Any one person) \$		\$		
								PERSONAL & ADV INJURY \$		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$		
	POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLI	ELIMIT	\$		
	ANY AUTO							(Ea accident)		\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$		
	AUTOS ONLY AUTOS ONLY							(i ci accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE		\$	\$	
	DÉSCRIPTION OF OPERATIONS below			L CM000C474		40/05/0000	40/05/0005	E.L. DISEASE - PO	LICY LIMIT	\$	40.000	
Α	3 Year Bond			LSM0936474		10/25/2022	10/25/2025	Bond Limit			10,000	
Pub Tre	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL lic Official Position Schedule Bond easurer @ \$5,000 ard Members @ \$1,000 each	ES (A	ACORD	101, Additional Remarks Schedu			e space is requir	ed)				
CERTIFICATE HOLDER						CANCELLATION						
	Colorado Department of Loc Division of Local Governmer				THE	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTIC Y PROVISIONS.				

ACORD 25 (2016/03)

1313 Sherman St., Rm 521

**Denver, CO 80203** 

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AUTHORIZED REPRESENTATIVE

usan a Higdon