

LKLIESEN

DATE	(MM/DD/YYYY)	
5/*	14/2020	

STERRAN-08

- (C	Eb	K I II		ABIL	IIY INS	URAN	GE	5/	14/2020	
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.													
l li	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).												
Т. С	PRODUCER T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170						CONTACT NAME:				_{No):} (303) 368-5863		
		ood, CO 80112	170				E-MAIL ADDRESS: info@wilsonins.com INSURER(S) AFFORDING COVERAGE					NAIC #	
							INSURER A : RLI Insurance Company						
INS	URED						INSURER B :						
		Sterling Ranch (c/o Clifton Larso			olitan	District No. 4	INSURER C :						
		8390 E Crescent	t Pkwy, Suite	500				INSURER D :					
		Greenwood Villa	age, CO 8011	11			INSURER E :						
			CED	TIEIC	`^TC		INSURE	RF:					
T II C	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSF	2	TYPE OF INSURAN	CE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
		COMMERCIAL GENERAL I	1							EACH OCCURRENCE	\$		
		CLAIMS-MADE	OCCUR							PREMISES (Ea occurrence)	\$		
										MED EXP (Any one person)	\$		
										PERSONAL & ADV INJURY	\$		
	GEI	N'L AGGREGATE LIMIT APPL	LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGO			
		OTHER:									\$		
	AU'									COMBINED SINGLE LIMIT (Ea accident)	\$		
										BODILY INJURY (Per person)	\$		
			HEDULED							BODILY INJURY (Per accider PROPERTY DAMAGE	t) \$		
		AUTOS ONLY	DN-OWNED							(Per accident)	\$		
			000115								\$		
		UMBRELLA LIAB	OCCUR CLAIMS-MADE								\$		
		DED RETENTION \$								AGGREGATE	\$		
	WOI	RKERS COMPENSATION EMPLOYERS' LIABILITY								PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXE		N/A						E.L. EACH ACCIDENT	\$		
		ICER/MEMBER EXCLUDED? ndatory in NH)		N/ A						E.L. DISEASE - EA EMPLOYI	E \$		
		s, describe under SCRIPTION OF OPERATIONS	below			L SM0545070		44/6/2040	44/6/2022	E.L. DISEASE - POLICY LIMI	г \$	40.000	
A	3 1	ear Bond				LSM0545272		11/6/2019	11/6/2022	Bond Amount		10,000	
Pub 1 Tr	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Public Official Position Schedule Bond 1 Treasurer @ \$5,000 5 Board Members @ \$1,000 each												
CE	CERTIFICATE HOLDER						CANCELLATION						
Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
Denver, CO 80203						Authorized REPRESENTATIVE Lava Klissen							

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