LKLIESEN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 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.

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).

PRO	DUCER				CONTA NAME:	СТ					
Г. Charles Wilson Insurance Service 884 Inverness Parkway Suite 170										o):(303) 368-5863	
Eng	lewood, CO 80112				ADDRE	_{SS:} Into@wi	isonins.cor	n			
		INSURER(S) AFFORDING COVERAGE						NAIC#			
		INSURER A : RLI Insurance Company									
INSURED Sterling Ranch Colorado Metropolitan District No. 5						INSURER B:					
						RC:					
	c/o Clifton Larson Allen LLP 8390 E Crescent Pkwy, Suite	500	500			RD:					
	Greenwood Village, CO 8011		INSURER E :								
	• ,				INSURER F:						
CO	VERAGES CER	CΔTF	NUMBER:								
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	ANY CONTRA	CT OR OTHER IES DESCRIB	R DOCUMENT WITH	TH RESPE	CT TO	WHICH THIS
E) NSR	XCLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN F	POLICY EFF	PAID CLAIMS				
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YY		(MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		\$	
								MED EXP (Any one person) \$			
								PERSONAL & ADV	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER STATUTE	OTH- ER	•	
								E.L. EACH ACCIDE	NT	\$	
								E.L. DISEASE - EA		\$	
								E.L. DISEASE - POL		\$	
Α	3 Year Bond			LSM0545273		11/6/2019	11/6/2022	Bond Amount		·	10,000
² ub	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL lic Official Position Schedule Bond	ES (A	ACORD	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requii	red)			
	easurer @ \$5,000 aard Members @ \$1,000 each										
CE	RTIFICATE HOLDER				CANO	CELLATION					
OE!	KIII IOATE HOLDER				CAN	PLLLATION					
	Colorado Department of Loc	al Af	fairs		THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIFICATIONS PROVISIONS.			

ACORD 25 (2016/03)

Division of Local Government-Special Districts

1313 Sherman St., Rm 521 Denver, CO 80203

© 1988-2015 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE