

**Comprehensive Crime Certificate Holder Declaration**

**Master Coverage Document Number:** CR 00 26 11 15

**Certificate Number:** POL-0002029

**Named Member:**

Sterling Ranch Colorado Metropolitan District No. 7  
c/o CliftonLarsonAllen LLP  
8390 E. Crescent Parkway, Suite 300  
Greenwood Village, CO 80111-

**Insurer:** Fidelity and Deposit Company of Maryland

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

**Broker of Record:**

T. Charles Wilson Insurance Service  
384 Inverness Parkway  
Suite 170  
Englewood, CO 80112

**Covered ERISA Plan:**

**Covered Designated Agent(s):**


**Coverage Limits:**

<b>Public Employee Dishonesty Coverage:</b>	\$5,000
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	
<b>Forgery or Alteration Coverage:</b>	\$5,000
<b>Theft, Disappearance, and Destruction Coverage:</b>	\$5,000
Inside Premises	
Outside Premises	
<b>Computer and Funds Transfer Fraud Coverage:</b>	\$5,000
<b>Debit, Credit or Charge Card Forgery Coverage:</b>	\$5,000
<b>Money Orders and Counterfeit Paper Currency Coverage:</b>	\$5,000
<b>Fraudulent Impersonation Coverage:</b>	\$5,000
<b>Crime Deductible:</b>	\$100
<b>Fraudulent Impersonation Deductible:</b>	20% of Fraudulent Impersonation Limit
<b>Contribution:</b>	\$135

**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