DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO 4000 Justice Way Castle Rock, Colorado 80109 720-437-6200									
IN RE SALISBURY HEIGHTS METROPOLITAN DISTRICT									
Elisabeth A. Cortese, Atty. Reg. #: 41222	▲ COURT USE ONLY ▲								
McGEADY BECHER CORTESE WILLIAMS P.C. 450 E. 17 th Ave., Suite 400 Denver, Colorado 80203	Case Number: 2014CV30290								
Phone: (303) 592-4380 Fax: (303) 592-4385	Div.: 6 Ctrm.:								
E-mail: ecortese@specialdistrictlaw.com									
OATH OF DIRECTOR									
I, Shawn P. McGoff, 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 Salisbury Heights Metropolitan District upon which I am about to enter to the best of my ability. Name: Shawn P. McGoff Address: 17998 Telford Lane Parker, CO 80134									
STATE OF COLORADO) ss.									
COUNTY OF Mapanoe)									
Subscribed and \times sworn \square affirmed to before me this 23 d	ay of May, 2025.								
(Notary's official signature)									
October 10, 2028									
(Commission Expiration)	Notary Seal								

VALERIE ANN WEIER
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20244037527
MY COMMISSION EXPIRES OCT 10, 2028



CERTIFICATE OF LIABILITY INSURANCE

SHIGDON

DATE (MM/DD/YYYY) 5/24/2023

SALIHEI-01

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).

	DUCER				CONTA NAME: PHONE				FAX /		
TCW Risk Management 384 Inverness Parkway Suite 170			PHONE (A/C, No, Ext): (303) 368-5757 E-MAIL ADDRESS: tcwinfo@tcwrm.com				(A/C, No):	FAX (A/C, No): (303) 368-5863			
Eng	lewood, CO 80112				ADDRE	_{ss:} tcwinfo@	gtcwrm.cor	n			I
					INSURER(S) AFFORDING COVERAGE						NAIC#
					INSURER A: RLI Insurance Company						
Salisbury Heights Metropolitan District c/o Clifton Larson Allen LLP					INSURER B:						
					INSURER C:						
	8390 E. Crescent Pkwy, Suit)		INSURER D:						
	Greenwood Village, CO 8011				INSURER E :						
					INSURER F:						
СО	VERAGES CER	RTIFICATE NUMBER:				REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WI	TH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURREN	CE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED currence)	\$	
								MED EXP (Any one	<i>'</i>	\$	
								PERSONAL & ADV		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM		\$	
	OTHER:							THOUSEN COM	1701 7100	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLI	E LIMIT	\$ \$	
	ANY AUTO							(Ea accident) BODILY INJURY (P	er nerson)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (P	·	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$ \$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		•	
	DED RETENTION \$	-						AGGILLGATE		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER	отн-	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	ER	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A								Ť	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$	
Α	DÉSCRIPTION OF OPERATIONS below 3 Year Bond			LSM0579111	5/7/	5/7/2023	5/7/2026	Bond Amount		10,000	
											,
Pub 1 Tr	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI ic Official Position Schedule Bond easurer @ \$5,000 ard Members @ \$1,000 each	LES (A	ACORE) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
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

Tusan a Higdon