

**DISTRICT COURT, COUNTY OF DOUGLAS, STATE OF COLORADO**

4000 Justice Way, Suite 2009  
Castle Rock, CO 80109  
720-437-6200

**IN THE MATTER OF OVERLOOK METROPOLITAN DISTRICT**

Paula J. Williams, Atty. Reg. # 12417  
McGEADY BECHER P.C.  
450 E. 17<sup>th</sup> Avenue, Suite 400  
Denver, Colorado 80203  
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**▲ COURT USE ONLY ▲**

Case Number: 2014CV30966

Div.: 5 Ctrm.: \_\_\_\_

**OATH OF DIRECTOR**

I, Jill Gibbens, 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 Overlook Metropolitan District upon which I am about to enter to the best of my ability.

Signed: \_\_\_\_\_

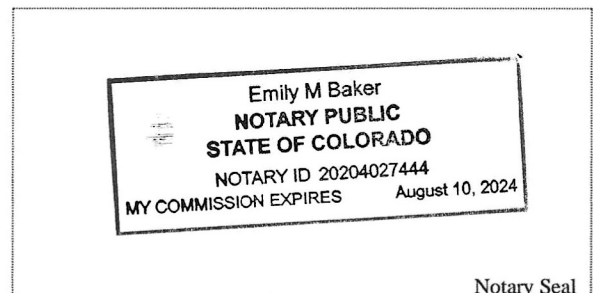
*Jill Gibbens*  
Name: Jill Gibbens  
Address: 10945 Ledges Rd.  
Parker, CO 80134

STATE OF COLORADO )  
COUNTY OF Arapahoe ) ss.

Subscribed and ☒ sworn ☐ affirmed to before me this 14<sup>th</sup> day of May, 2024.

*Emily Baker*  
(Notary's official signature)

August 10, 2024  
(Commission Expiration)





OVERMET-01

SARULRAJ

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/5/2024

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<br>TCW Risk Management<br>384 Inverness Parkway Suite 170<br>Englewood, CO 80112                                      | CONTACT NAME:                        |                               |  |
|                                                                                                                                | PHONE (A/C, No, Ext): (303) 368-5757 | FAX (A/C, No): (303) 368-5863 |  |
|                                                                                                                                | E-MAIL ADDRESS: tcwinfo@tcwrm.com    |                               |  |
|                                                                                                                                | INSURER(S) AFFORDING COVERAGE        | NAIC #                        |  |
|                                                                                                                                | INSURER A : R. L. I.                 | 0028                          |  |
| INSURED<br><br>Overlook Metropolitan District<br>c/o McGeady Becher, P.C.<br>450 E. 17th Avenue, Suite 400<br>Denver, CO 80203 | INSURER B :                          |                               |  |
|                                                                                                                                | INSURER C :                          |                               |  |
|                                                                                                                                | INSURER D :                          |                               |  |
|                                                                                                                                | INSURER E :                          |                               |  |
|                                                                                                                                | INSURER F :                          |                               |  |

## 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.

| 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 OCCURRENCE \$                                                   |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                                                                       |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                         |
|          |                                                                                                                                           |           |          |               |                         |                         | MED EXP (Any one person) \$                                          |
|          |                                                                                                                                           |           |          |               |                         |                         | PERSONAL & ADV INJURY \$                                             |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                                        |           |          |               |                         |                         | GENERAL AGGREGATE \$                                                 |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC                                            |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$                                            |
|          | OTHER:                                                                                                                                    |           |          |               |                         |                         | \$                                                                   |
|          | AUTOMOBILE LIABILITY                                                                                                                      |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                                               |           |          |               |                         |                         | BODILY INJURY (Per person) \$                                        |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                   |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          |                                                                                                                                           |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          |                                                                                                                                           |           |          |               |                         |                         | \$                                                                   |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR                                                                                              |           |          |               |                         |                         | EACH OCCURRENCE \$                                                   |
|          | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                                                                          |           |          |               |                         |                         | AGGREGATE \$                                                         |
|          | DED <input type="checkbox"/> RETENTION \$                                                                                                 |           |          |               |                         |                         | \$                                                                   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                             |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A |           |          |               |                         |                         | E.L. EACH ACCIDENT \$                                                |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                        |
|          |                                                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
| A        | 3 Year Bond                                                                                                                               |           |          | LSM0675496    | 11/5/2023               | 11/5/2026               | Bond Amount 10,000                                                   |

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 Member @\$1,000 each

## CERTIFICATE HOLDER

## CANCELLATION

Colorado Department of Local Affairs  
Division of Local Government -Special Districts  
1313 Sherman St., Rm 521  
Denver, CO 80203

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE