
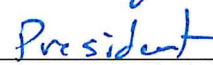


DISTRICT COURT COUNTY OF DOUGLAS, COLORADO Court Address: 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109 Telephone No.: (720) 437-6200	<p style="text-align: center;">▲ COURT USE ONLY ▲</p> <hr/> Case Number: 2016CV30960 Div.: Ctrm:
Petitioner: Hillside at Castle Rock Metropolitan District	
OATH OF OFFICE	

I, Maria Tom, do 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 Hillside at Castle Rock Metropolitan District upon which I am about to enter to the best of my ability.

Signed: 
 Maria Tom

Subscribed and sworn to before me this ____ day of _____, 2023.

By: 
 Signature of Person Administering Oath


 * Title of Person Administering Oath

* Person authorized to administer oaths: County Clerk and Recorder, Clerk of the Court, Notary Public or President of the Board of Directors of the District.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/22/2023

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).

Table with PRODUCER and INSURED information. PRODUCER: TCW Risk Management, 384 Inverness Parkway Suite 170, Englewood, CO 80112. INSURED: Hillside at Castle Rock Metropolitan District, c/o Miller & Associates Law Offices, LLC, 1641 California Street, Suite 300, Denver, CO 80202. CONTACT NAME: tcwinfo@wilsonins.com. PHONE: (303) 368-5757. FAX: (303) 368-5863. INSURER(S): RLI Insurance Company.

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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for COMMERCIAL GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIAB, EXCESS LIAB, and WORKERS COMPENSATION AND EMPLOYERS' LIABILITY.

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

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

Diame Preston