

OATH OF OFFICE

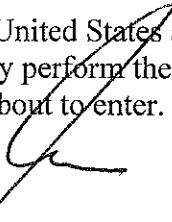
32-1-901, C.R.S., and  
Colorado Constitution Article 12, §9

STATE OF COLORADO

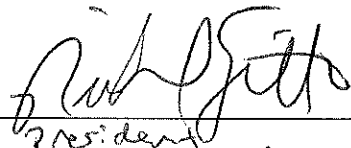
(Douglas County District Court Case No. 96 CV 342)

Douglas County )  
 ) ss.  
OmniPark Metropolitan District )

I, Hank Vanderryst, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of OmniPark Metropolitan District which I am about to enter.

  
\_\_\_\_\_  
Hank Vanderryst

Subscribed and sworn to before me this 16 day of May, 2016.

By:   
\_\_\_\_\_  
Notary

Person authorized to administer oaths  
(County Clerk and Recorder, Clerk of  
the Court, any other person authorized  
to administer oaths or Chairman of the  
Board of Directors)

IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED:

STATE OF COLORADO )  
 ) ss.  
COUNTY OF DOUGLAS )

Subscribed and sworn to before me this \_\_\_\_\_ day of May, 2016.

My Commission Expires \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Signature



OMNIMET-01

KIMT01

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/10/2016

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 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).


<b>PRODUCER</b> T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (303) 368-5757      FAX (A/C, No): (303) 368-5863 E-MAIL ADDRESS: info@wilsonins.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : CNA Surety</td> <td>0022</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : CNA Surety	0022	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b>  OmniPark Metropolitan District c/o Clifton Larson Allen LLP 8390 E Crescent Pkwy #600 Greenwood Village, CO 80111														

**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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER	\$
A	3 Year Bond			14774532	11/30/2014	11/30/2017	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 Members @ \$1,000 each

<b>CERTIFICATE HOLDER</b>  Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St., Rm 521 Denver, CO 80203	<b>CANCELLATION</b>  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 
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**CNA SURETY**

PO Box 5077 Sioux Falls SD 57117-5077

1-800-331-6053

Fax 1-605-335-0357

[www.cnasurety.com](http://www.cnasurety.com)

Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)

December 17, 2015

Omni Park Metropolitan District  
% Folkestad Fazekas Barrick  
18 S. Wilcox St., Ste. 200  
Castle Rock, CO 80104

Re: Bond #14774532 - Omni Park Metropolitan District  
\$10,000.00 - P E Position Schedule (6)  
Company Code: 601 - Western Surety Company

Thank you for the premium payment for the above referenced bond. This document is to serve as notice that payment in full has been remitted for the term of November 30, 2014 through November 30, 2017. This type of bond remains in full force and effect without a renewal bond or Continuation Certificate. If you have any questions, please contact your local agent.

**Consider making your payment through CNA Surety ePay.** Pay for your bond/policy premium online using your own credit/debit card or ACH at your convenience 24 hours a day. Simply go to: [onlinepay.cnasurety.com](http://onlinepay.cnasurety.com) and follow the easy-to-use prompts. You can pay your bill in minutes, saving you time and money.



# Western Surety Company

## PUBLIC OFFICIAL POSITION SCHEDULE BOND

Name of Oblige Omni Park Metropolitan District  
 Name of Insured Omni Park Metropolitan District

Bond No. 14774532

WESTERN SURETY COMPANY, as Surety, in consideration of an agreed premium is held and firmly bound unto the Oblige, for the faithful discharge of the duties of any Officer or Employee while occupying any position named in the schedule attached, or added thereto by written acceptance of the Surety, while in the service of the Insured, not exceeding the sum specified in said schedule or written acceptance of the Surety as to said position after the 30th day of November, 2005.

This bond is subject to the following expressed conditions:

1. Automatic coverage is granted for the first thirty days' service of any Officer or Employee occupying a newly created position identical with one listed in the schedule of positions, in an equal amount. Provided, however, that the automatic coverage herein granted shall be void and of no effect from the beginning, unless during the said thirty day period the Insured has requested in writing that the position be added to the schedule, and the Surety by written acceptance has consented thereto.

2. Coverage on any position may be increased or decreased upon written request of the Insured, and agreed to in writing by the Surety. The Surety's liability under this bond shall not be cumulative, and in no event shall the Surety be called upon to pay as a loss the amount greater than the largest single amount for which the position occupied by any Officer or Employee causing the loss is or has been covered in the schedule, whether said loss occurred during any one or more years. The liability of the Surety for any Officer or Employee occupying more than one position at one time, or at different times, shall not exceed the largest amount of coverage specified for any single position occupied by said Officer or Employee. The liability of the Surety shall never exceed the amount in effect for the position when the act of the Officer or Employee causing the loss shall have occurred. In the event there are more Officers or Employees occupying the position covered in the schedule than are listed therein, the Surety shall be liable for such proportion of the amount of coverage as the number of Officers or Employees listed bears to the number of Officers or Employees actually

4. Cancellation hereunder is effective, and all liability under this bond shall cease as to the future acts or omissions as to any Officer or Employee on the date specified in written notice given by the Insured to the Surety as to any or all positions or Officers or Employees, or after thirty days' written notice given by the Surety to the Insured of its intent to cancel this bond in its entirety, or as to any Officer or Employee or position.

5. None of the specifications of this bond shall be altered or waived, except in writing by the Surety executed by the Chairman of the Board, its President, Vice President, Secretary, Assistant Secretary or Treasurer.

6. The liability of the Surety hereunder is subject to the terms and conditions of the following or to the following Riders attached thereto:

Dated this 1st day of December, 2005.

Countersigned  
 By Sandy Schmandy  
 Resident Agent

WESTERN SURETY COMPANY  
 By Paul T. Brought  
 Surety

# CERTIFICATE OF ELECTION

IT IS HEREBY CERTIFIED THAT

*Hank Vanderryst*

WAS ELECTED TO SERVE UNTIL THE REGULAR ELECTION IN 2020

AS A MEMBER OF THE BOARD OF DIRECTORS OF THE

**OMNIPARK METROPOLITAN DISTRICT**

AT THE ELECTION HELD TUESDAY, MAY 3, 2016

Dated: May 10, 2016

Signed: *AL Blady*  
Designated Election Official

THIS CERTIFICATE OF ELECTION IS MADE PURSUANT TO §, C.R.S. 1-13.5-1305(2)