





RAMPRAN-03 DPRESTON

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/29/2016

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).

|  |                                      |                               |        |
|--|--------------------------------------|-------------------------------|--------|
| PRODUCER<br>T. Charles Wilson Insurance Service<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: info@wilsonins.com   |                               |        |
|  | INSURER(S) AFFORDING COVERAGE        |                               | NAIC # |
|  | INSURER A : CNA Surety               |                               | 0022   |
| INSURED<br><br>Rampart Range Metropolitan District #3<br>8390 E. Crescent Pkwy #500<br>Greenwood Village, CO 80111 | 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 - COMPIOP AGG                    | \$     |
|          | OTHER:   |           |          |               |                         |                         |   | \$     |
|          | AUTOMOBILE LIABILITY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$     |
|          | <input type="checkbox"/> ANY AUTO  |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$     |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$     |
|          | <input type="checkbox"/> HIRED AUTOS   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$     |
|          |  |           |          |               |                         |                         |   | \$     |
|          | UMBRELLA LIAB  |           |          |               |                         |                         | EACH OCCURRENCE                           | \$     |
|          | EXCESS LIAB  |           |          |               |                         |                         | AGGREGATE                                 | \$     |
|          | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE                            |           |          |               |                         |                         |   | \$     |
|          | DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         |   |        |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |           |          |               |                         |                         | PER STATUTE                               | OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$     |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$     |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$     |
| A        | Position Schedule  |           |          | 14774547      | 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)

POSITION SCHEDULE BOND  
1 Treasurer @ \$5,000  
5 Board Members @ \$1,000 each

## CERTIFICATE HOLDER

## CANCELLATION

DOLA

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

© 1988-2014 ACORD CORPORATION. All rights reserved.