

BOARD OF DIRECTOR
OATH OF OFFICE

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

STATE OF COLORADO

Jefferson
COUNTY

North Fork Fire Protection D DISTRICT

I, Jon Slaughter Pelegryn, 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 North Fork Fire Protection District, upon which I am about to enter.
(name of special district)

Jon Slaughter Pelegryn
(signature of oath taker)

Subscribed and sworn to before me this 20th day of May, 2016.

By: _____
(Person authorized to administer oaths, i.e.
County Clerk and Recorder, Clerk of
the Court, Chairman of the
Board of Directors, or any other person authorized
to administer oaths)

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

STATE OF COLORADO)
COUNTY OF Jefferson) ss.

Subscribed and sworn to before me this 20th day of May, 2016.

September 14, 2017
(notary commission expiration)

Gail A. King
(notary signature)

SEAL

PROCEDURAL INSTRUCTIONS: The oath must be taken within 30 days after the election date or appointment to fill a
vacancy: Oaths taken prior to the election date are invalid. A copy of the executed oath and an individual, schedule, or
blanket surety bond must be filed with the Clerk of the Court, the Clerk and Recorder, every county in which the district
extends and with the Division of Local Government. If this is the oath of an appointed director, inform the Division
which director was replaced.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/20/2016

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
F&W Insurance
3005 Center Green Drive, Suite 120
Boulder CO 80301

CONTACT
NAME:
PHONE
(A/C, No, Ext): 303-444-4666 FAX (A/C, No): 303-444-8481
E-MAIL
ADDRESS:

INSURED
North Fork Fire Protection
District c/o BW Insurance
PO Box 3849
Evergreen CO 80437

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : American Alternative Insurance Corp	19720
INSURER B : Pinnacol Assurance Company	41190
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1253812095

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			VFIS-TR-2059076-08000	10/11/2015	10/11/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			VFIS-TR-2059076-08000	10/11/2015	10/11/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		34485	1/1/2016	1/1/2017	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

4 Directors @ \$1,000 and 1 Treasurer @ \$5,000 All with Faithful Performance

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes Only

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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