

OATH OF OFFICE

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

STATE OF COLORADO

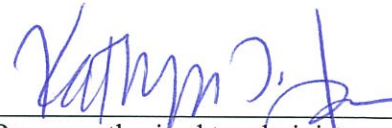
(Douglas County District Court Case No. 85 CV 141)

Douglas County )  
 ) ss.  
Roxborough Village Metropolitan District )

I, CALVIN BROWN, 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 Roxborough Village Metropolitan District which I am about to enter.

  
Calvin Brown

Subscribed and sworn to before me this 17 day of May, 2016.

By:   
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)

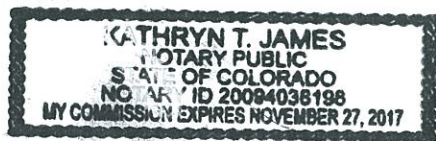
IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED.


STATE OF COLORADO )  
 ) ss.  
COUNTY OF DOUGLAS )

Subscribed and sworn to before me this 17<sup>th</sup> day of May, 2016.

My Commission Expires 11/27/2017

SEAL



  
Notary Signature



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/14/2016

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

### 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	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<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
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
<b>A</b>	<b>2 Year Bond</b>			<b>68996341</b>	<b>05/01/2016</b>	<b>05/01/2018</b>	<b>Bond Amount</b>	<b>10,000</b>

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 Directors: \$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

# CERTIFICATE OF ELECTION

IT IS HEREBY CERTIFIED THAT

**CALVIN BROWN**

WAS ELECTED TO SERVE UNTIL THE REGULAR ELECTION IN 2020

AS A MEMBER OF THE BOARD OF DIRECTORS OF THE

**ROXBOROUGH VILLAGE METROPOLITAN  
DISTRICT**

Dated 5-17-2016

Signed   
Designated Election Officer

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