## NOTICE OF APPOINTMENT

| I, Linda Godnich, President of Roxborough Village Metropolitan  |
|---|
| District (the "District"), hereby notify you that at a special meeting of the Board of                    |
| Directors of the District held on, 2016, at 6:30 p.m., at West  |
| Metro Fire & Rescue, 6220 N. Roxborough Park Road, Littleton, CO 80125, the Board of                      |
| Directors of the District appointed you,, whose address is, as a Director of the District, to serve until |
| the next regular election in May 2018.  |
| Dated this 1th day of May, 2016.  |
| ROXBOROUGH VILLAGE METROPOLITAN   |
| DISTRICT, a quasi-municipal corporation and   |
| political subdivision of the State of Colorado  |
| By: Inda Swarch, President  |

## **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 )   |   |  |
|--|---|--|
| Roxborough Village Metropolitan District ) ss.   | tropolitan District ) ss.   |  |
| I, will faithfully suppo<br>State of Colorado, and the laws made pursuant thereto<br>of Director of Roxborough Village Metropolitan Distri | rt the Constitution of the United States and of the , and will faithfully perform the duties of the office ct which I am about to enter.  |  |
| Subscribed and sworn to before me this day of M  | Bob Clinard  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 T   | THE FOLLOWING SHOULD BE COMPLETED.  |  |
| STATE OF COLORADO )  |   |  |
| COUNTY OF DOUGLAS ) ss.  |   |  |
| Subscribed and sworn to before me this day of M.   | May, 2016.  |  |
| My Commission Expires 1/127/2017   |   |  |
| SE L NOTARY DEBLO MY COMMISSION EXPIRES NOVEMBER 27, 2017  | 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). CONTACT NAME: (A/C, No, Ext): (303) 368-5757 E-MAIL T. Charles Wilson Insurance Service FAX (A/C, No): (303) 368-5863 384 Inverness Parkway Suite 170 ADDRESS: info@wilsonins.com Englewood, CO 80112 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : CNA Surety 0022 INSURED INSURER B: Roxborough Village Metropolitan District INSURER C: c/o Clifton Larson Allen, LLP INSURER D: 8390 E Crescent Pkwy #600 Greenwood Village, CO 80111 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. ADDL|SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: \$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO \$ ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ AUTOS \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** \$ EXCESS LIAB CLAIMS-MADE **AGGREGATE** \$ RETENTION \$ \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 2 Year Bond 68996341 05/01/2016 | 05/01/2018 |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 Directors: \$1,000 each CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Colorado Department of Local Affairs ACCORDANCE WITH THE POLICY PROVISIONS. Division of Local Government-Special Districts 1313 Sherman St., Rm 521 AUTHORIZED REPRESENTATIVE Denver, CO 80203