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May 31, 2016

VIA E-FILING

Clerk of the Court
Teller County District Court
Teller County Courthouse
101 West Bennett Avenue
Cripple Creek, Colorado 80813

**Re: Ute Pass Regional Health Service District
Case No. 04CV263**

Dear Madam Clerk:

Enclosed for filing in the above-referenced District file are the Oaths of Office and Notices of Appointment for George Parkhurst, Jeff Idleman and John A. Gentzel, who have been appointed to the Board of Directors of the District until the next regular election in May, 2018, for terms of office to expire May, 2020. Also enclosed is the certification of coverage for the current Bond for all of the Directors and Treasurer of the District.

Thank you for your assistance in this matter.

Sincerely,



Micki L. Wadhams
Paralegal

Enclosures

cc: Division of Local Government
Teller County Clerk and Recorder
Park County Clerk and Recorder
Douglas County Clerk and Recorder
Ms. Teresa Weiss

DISTRICT COURT, TELLER COUNTY,
STATE OF COLORADO

Court Address: Teller County Courthouse
101 W. Bennett Avenue
P. O. Box 997
Cripple Creek, CO 80813

Phone Number: 719-689-2574

IN RE THE MATTER OF UTE PASS REGIONAL
AMBULANCE DISTRICT

Robert G. Cole
Collins Cockrel & Cole
390 Union Blvd., Suite 400
Denver, Colorado 80228-1556
Telephone: (303) 986-1551
Facsimile: (303) 986-1755
E-Mail: rcole@cccfirm.com
Atty. Reg #: 15943

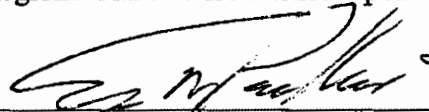
▲ COURT USE ONLY ▲

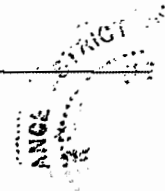
Case No.: 04CV263

Div.: Ctrm.:

OATH OF OFFICE

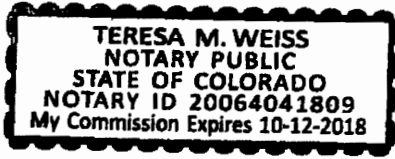
I, George Parkhurst, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of the Ute Pass Regional Ambulance District upon which I am about to enter.

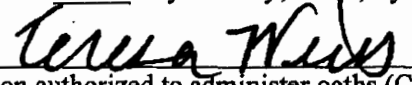

George Parkhurst



STATE OF COLORADO)
) ss.
COUNTY OF TELLER)

Subscribed and sworn to before me this 3 day of May, 2016, by George Parkhurst.




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

My commission expires: 10-12-2018 Title: _____

DISTRICT COURT, TELLER COUNTY,
STATE OF COLORADO

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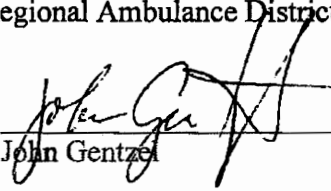
▲ COURT USE ONLY ▲

Case No.: 04CV263

Div.: Ctrm.:

OATH OF OFFICE

I, John Gentzel, 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 the Ute Pass Regional Ambulance District upon which I am about to enter.


John Gentzel



STATE OF COLORADO)

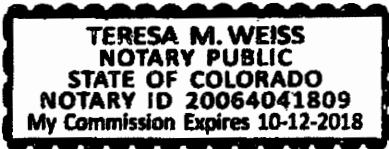
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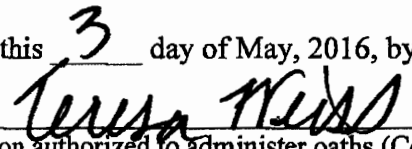
) ss.

COUNTY OF TELLER)

)

Subscribed and sworn to before me this 3 day of May, 2016, by John Gentzel.




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

Title:

Notary

My commission expires: 10-12-2018

NOTICE OF APPOINTMENT TO THE
BOARD OF DIRECTORS OF THE
UTE PASS REGIONAL HEALTH SERVICE DISTRICT

TO: John A. Gentzel
1990 Valley View
Woodland Park, Colorado 80863

Pursuant to Section 32-1-905(3), C.R.S., notice is hereby given that you have been appointed to the Board of Directors of the Ute Pass Regional Health Service District to fill a vacancy on the Board until the next regular election in May, 2018, for a term of office which will expire in May, 2020.

Dated this 3rd day of May, 2016.

UTE PASS REGIONAL HEALTH SERVICE
DISTRICT

By /s/ Joseph Watson
Vice Chairman

Named Insured:
UTE PASS REGIONAL AMBULANCE
DISTRICT

Policy Number: VFIS-TR-2061712-08/000
Policy Period: From 01-20-2016
To 01-20-2017

CRIME COVERAGE PART DECLARATIONS

Public Employee Dishonesty – Position Schedule

Covered Entity:
UTE PASS REGIONAL AMBULANCE DISTRICT

Position Title	# in Position	Limit of Insurance	Deductible	Faithful Performance
DIRECTORS	5	\$ 10,000	None	Yes
TREASURER	1	\$ 50,000	None	Yes
CEO	1	\$ 50,000	None	Yes
OFFICE MANAGER	1	\$ 50,000	None	Yes

Named Insured:
UTE PASS REGIONAL AMBULANCE
DISTRICT

Policy Number: VFIS-TR-2061712-08/000
Policy Period: From 01-20-2016
To 01-20-2017

CRIME COVERAGE PART DECLARATIONS

Public Employee Dishonesty – Blanket Per Employee

Covered Entity:
UTE PASS REGIONAL AMBULANCE DISTRICT

Limit of Insurance	Deductible	Faithful Performance
\$ 100,000	None	No

SPECIFIC EXCESS LIMIT OF INSURANCE – NAME SCHEDULE

Names of Covered "Employees"	Excess Limit of Insurance Each "Employee"	Faithful Performance
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SPECIFIC EXCESS LIMIT OF INSURANCE – POSITION SCHEDULE

Titles of Positions / Name of Covered Entities	Number of "Employees" in Each Position	Excess Limit of Insurance Each "Employee"	Faithful Performance
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PUBLIC EMPLOYEE DISHONESTY COVERAGE FORM
(Coverage Form P - Position Schedule)

SCHEDULE

Titles of Covered Positions	Number of "Employees" Each Position	Limit of Insurance Each "Employee"	Deductible Amount
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[If no entry appears above, the information required to complete this coverage form will be shown in the Declarations as applicable to this coverage form.]

A. COVERAGE

We will pay for loss of, and loss from damage to, covered property resulting directly from the covered cause of loss.

1. **Covered Property:** "Money", "securities" and "property other than money and securities".
2. **Covered Cause of Loss:** "Employee dishonesty".
3. **Coverage Extension**

Employees Temporarily Outside Coverage Territory: We will pay for loss caused by any "employee" you engage to perform the duties of a position shown in the schedule while that "employee" is temporarily outside the territory specified in General Condition B.16. for a period not more than 120 days.

B. LIMIT OF INSURANCE

1. The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the schedule.
2. Regardless of the number of years this insurance applies as respects a specific "employee", the most we will pay in total is the largest Limit of Insurance applicable to that "employee" even though:
 - a. The coverage for that "employee" is not continuous because it has been cancelled for one or more periods; or
 - b. The Limit of Insurance applicable to that "employee" is changed.
3. The following provisions also apply:
 - a. The most we will pay for an "employee" serving in more than one position is the largest Limit of Insurance in effect and applicable to any one of those positions at the time loss is discovered.
 - b. If at the time loss is discovered there are more "employees" serving in a covered position than the number of "employees" listed opposite that position in the schedule, the Limit of Insurance applicable to that position will be reduced. The reduced Limit of Insurance will be computed by multiplying the limit shown in the schedule by a factor obtained by dividing the number of "employees" shown in the schedule by the actual number of "employees" serving in that position at the time loss is discovered.

C. DEDUCTIBLE

1. We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the deductible amount shown in the schedule. We will then pay the amount of loss in excess of the deductible amount, up to the Limit of Insurance.
2. You must:
 - a. Give us notice as soon as possible of any loss of the type insured under this coverage form even though it falls entirely within the deductible amount; and
 - b. Upon our request, give us a statement describing the loss.

D. ADDITIONAL EXCLUSIONS, CONDITIONS AND DEFINITIONS

In addition to the Crime General Provisions, this coverage form is subject to the following:

1. **Additional Exclusions:** We will not pay for loss as specified below:
 - a. **Employee Cancelled Under Prior Insurance:** Loss caused by any "employee" of yours, or predecessor in interest of yours, for whom similar prior insurance has been cancelled and not reinstated since the last such cancellation.
 - b. **Inventory Shortages:** Loss, or that part of any loss, the proof of which as to its existence or amount is dependent upon:
 - (1) An inventory computation; or
 - (2) A profit and loss computation.But if you can prove in the absence of such computations that you have sustained a covered loss, you may offer your inventory records and actual physical count of inventory in support of other evidence as to the amount of loss claimed.
 - c. **Damages:** Damages for which you are legally liable as a result of:
 - (1) The deprivation or violation of the civil rights of any person by an "employee"; or
 - (2) The tortious conduct of an "employee", except conversion of property of other parties held by you in any capacity.
2. **Additional Conditions**
 - a. **Cancellation As To Any Employee:** This insurance is cancelled as to any "employee":
 - (1) Immediately upon discovery by you or any official or "employee" authorized to manage, govern or control your "employees", of any dishonest act committed by the "employee" whether before or after becoming employed by you; or
 - (2) On the date specified in a notice mailed to you. That date will be at least 30 days after the date of mailing. The mailing of notice to you at the last mailing address known to us will be sufficient proof of notice. Delivery of notice is the same as mailing.
 - b. **Sole Benefit:** This insurance is for your sole benefit. No legal proceeding of any kind to recover on account of loss under this coverage may be brought by anyone other than you.
 - c. **Indemnification:** We will indemnify any of your officials who are required by law to give bonds for the faithful performance of their service against loss through dishonest acts of persons who serve under them, subject to the Limit of Insurance.
 - d. **Consolidation - Merger:** The **Consolidation - Merger** General Condition does not apply to this coverage form.
3. **Additional Definitions**
 - a. "Employee" means any person you engage to perform the duties of a position shown in the schedule. The "employee" General Definition does not apply to this coverage form.

- b. "Employee dishonesty" in paragraph A.2. means only dishonest acts committed by an identified "employee" acting alone or in collusion with other persons, with the manifest intent to:
- (1) Cause you, or the rightful owners of any covered property included in paragraph B.12. **Ownership of Property; Interests Covered** of the Crime General Provisions, to sustain loss; and also
 - (2) Obtain financial benefit (other than employee benefits known to you, approved by you, and earned in the normal course of employment, including salaries, commissions, fees, bonuses, promotions, awards, profit sharing or pensions) for:
 - (a) The "employee"; or
 - (b) Any person or organization intended by the "employee" to receive that benefit.
- c. "Occurrence" means all loss caused by each "employee", whether the result of a single act or a series of acts.