DISTRICT COLIDT DOLICI AS COLDUTY GOLOR LD	
DISTRICT COURT, DOUGLAS COUNTY, COLORADO	0
Court Address: 4000 Justice Way,	
Castle Rock, CO 80109	
Telephone: 720-437-6200	
Petitioner:	
TWO BRIDGES METROPOLITAN DISTRICT	▲ COURT USE ONLY ▲
(F/K/A HIGH PRAIRIE POLO CLUB METROPOLITAN DISTRICT NO. 2)	
Attorney for Petitioner:	
Name: George M. Rowley, Esq.	Case Number: 2009CV2992
Address: WHITE BEAR ANKELE TANAKA & WALDRON	V 2003C V 2332
Attorneys at Law	Division:
2154 E. Commons Ave., Suite 2000 Centennial, CO 80122	Courtroom:
Phone: (303) 858-1800	Courtooni.
Fax: (303) 858-1801 Email: growley@wbanc.com	
Email: growley@wbapc.com Atty. Reg. #: 31089	
BOARD OF DIRECTO OATH OF OFFICE	
STATE OF COLORADO)	
COUNTY OF DOUGLAS) ss.	
And proceedings for	
I, Robert Carter, do [swear, affirm or [swear by the everliving God, that I
will support the Constitution of the United States, the Const	itution of the State of Colorado, and
the laws of the State of Colorado, and will faithfully perform of the Two Bridges Metropolitan District upon which I am ab	n the duties of the office of Director
In accordance with § 32-1-901(2), C.R.S. the bond required to	to be filed at the time of filing of this
oath is filed herewith as Exhibit A.	11
Signature	
Signature	

STATE OF COLORADO)		
COUNTY OF DOUGLAS) ss.)		
Signed and sworn to 2020 by Mohart Carl	(or affirmed) before	me this <u> 8 h</u> leo technology.	day of May
(SEAL)			
My commission expires: 4	8/2023	ahles C	Tobie
ASHLEY B. FRISBIE NOTARY PUBLIC - STATE OF COLORAD Notary ID #20154014228 My Commission Expires 4/8/2023	0	Notary Public	J

EXHIBIT A

Director Bond

2158.0011: 1041775



LKLIESEN



1/6/2020

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 have ADDITIONAL INSURED provisions or 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).

u	ns certificate does not comer rights t	o tile	Cert	ilicate libiuei ili lieu di St	icii eiic	101361116111(3)	•				
PRO	DUCER				CONTA NAME:	СТ					
T. Charles Wilson Insurance Service			PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863								
	Inverness Parkway Suite 170 lewood. CO 80112				E-MAIL ADDRESS: info@wilsonins.com						
Ellg	lewood, CO 80112				ADDRE						
							SURER(S) AFFOR	RDING COVERAGE			NAIC#
				INSURE	INSURER A : R. L. I.					0028	
Two Bridges Metropolitan District (fka High Prairie Polo Club			INSURER B:								
	MD #2		(g	INSURER C:						
	c/o Special District Manager	nent	Serv	rices, Inc.	INSURER D:						
	141 Union Blvd., Suite 150 Lakewood, CO 80228-1898				INSURER E :						
	Lakewood, CO 80226-1898				INSURER F:						
CO	VERAGES CER	TIFIC	:ATF	E NUMBER:	REVISION NUMBER:						
	HIS IS TO CERTIFY THAT THE POLICIE				HAVF B	FEN ISSUED	TO THE INSUE			HF PO	LICY PERIOD
IN C	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUII PER1	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITED HEREIN IS S	TH RESPE	CT TO	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP		LIMIT	s	
LTR	COMMERCIAL GENERAL LIABILITY	INSU	WVD	. CLIOT HOMBER		(MIMI/DD/XXXX)	(MM/DD/YYYY)	EACH OCCUPRENT		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED		
	SE TIME IN SE							PREMISES (Ea occi	´	\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$	
	POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$	
	OTHER:							0014011150 0111015		\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	= LIMIII	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$	
	7,0100 0,121									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	-	\$	
	DED RETENTION \$	1						ACCINECATE		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER	OTH-	φ	
	1 / N							STATUTE	ÉR	•	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$	
	If ves. describe under							E.L. DISEASE - EA			
Α	DÉSCRIPTION OF OPERATIONS below 3 Year Bond			LSM0560802		2/1/2020	2/1/2023	E.L. DISEASE - POL	LICY LIMIT	\$	10,000
A	3 Teal Bullu			L3M030002		2/1/2020	2/1/2023				10,000
Pub 1 Tro 5 Bo	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI lic Official Position Schedule Bond easurer @ \$5,000 ard Members @ \$1,000 each	LES (A	CORE	O 101, Additional Remarks Schedu		e attached if mor	e space is requii	red)			
Colorado Department of Local Affairs Division of Local Government-Special Districts				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
1313 Sherman St., Rm 521 Denver. CO 80203			AUTHORIZED REPRESENTATIVE								

ACORD 25 (2016/03)

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