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September 19, 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 Oath of Office and Notice of Appointment for Dale A. Schnitker, who has been appointed to the Board of Directors of the District for a term of office to expire May, 2018. 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

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

TO: Dale A. Schnitker
1361 Pinon Ridge Court
Woodland Park, Colorado 80861

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 for a term of office which will expire in May, 2018.

Dated this 6th day of September, 2016.

UTE PASS REGIONAL HEALTH SERVICE
DISTRICT

By 
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 |

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 |
|-----------------------------|---|--|----------------------|
|-----------------------------|---|--|----------------------|

[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.

- 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.