DISTRICT COURT, DOUGLAS COUNTY, COLORADO 4000 Justice Way, Suite 2009 Castle Rock, Colorado 80109	
IN RE THE MATTER OF HILLTOP METROPOLITAN DISTRICT	▲ COURT USE ONLY ▲
Attorneys for the District: SPENCER FANE LLP Russell W. Dykstra, #30899 1700 Lincoln Street, Suite 2000 Denver, CO 80203-4554 Telephone (303) 839-3800 Facsimile (303) 839-3838 E-mail: rdykstra@spencerfane.com	Case No.: 2017CV030897 Division: 6
OATH OF OFFICE - TROY SWE	CIGART
I, Troy Sweigart, will faithfully support the Constitution of the Colorado, and the laws made pursuant thereto, and will faithful of Director of Hilltop Metropolitan District upon which I am a Signature: Signature: Signature: Subscribed and sworn to before me this By: Title: Officer of	D, THE FOLLOWING SHOULD BE 2020.
OR, IF SWORN OR AFFIRMED BEFORE A NOTARY, THE FOLLO STATE OF COLORADO OSS. COUNTY OF	OWING SHOULD BE COMPLETED:
Subscribed and sworn to before me this 21 day of My 2020,	by Troy Sweigart, Director.
My Notary Commission expires on	\sim \sim \sim \sim \sim \sim \sim \sim \sim

(SEAL)

KRISTIN ANN ERFMAN Notary Public State of Colorado Notary ID # 20194003176 My Commission Expires 01-23-2023

^{***}Persons authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths) ***



writing by the Company.

or Employee or position.

RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

PUBLIC OFFICIAL POSITION SCHEDULE BOND

Bond No. <u>LSM1082356</u>

lte	m 1. Name of Insured:	Hilltop Metropolitan [(4lo o 11lo o cono d11)
	Principal Address	c/o Spencer Fane, L Denver, CO 80203	LP 1700 Lincoln Street, Suite 2000	(the "Insured")
lte		oes not exceed the sur	_ to <u>Continuous Until Cancelled</u> . m specified in the Schedule of named Positions or written	acceptances
l.	INSURING AGREEM		perpendion (the "Company") in consideration of an agree	ad promium is
		·	corporation (the "Company"), in consideration of an agree	ea premium is
			Hilltop Metropolitan District	
	Official or Employee	while occupying any	, <u>CO</u> , Obligee, for the faithful discharge of the duties position named in the schedule attached, or added ther tion after the1stday ofDecember,	eto by written
II.	CONDITIONS			
	_		ted for the first thirty days service of any Public Official or Entire in identical with one listed in the schedule of positions, in a	
	beginning, unless	during the said thirty	c coverage herein granted shall be void and of no e y day period the Obligee has requested in writing that the ny by written acceptance has consented thereto.	
	Coverage on any	position may be incre	eased or decreased upon written request of the Obligee,	if agreed to in

C. Liability. The Company's liability under this bond shall **not** be cumulative, and in no event shall the Company be called upon to pay as a loss hereunder in an amount greater than the largest single amount for which the position occupied by any Public Official or Employee causing such loss is or has been covered in the schedule, whether said loss occurred during any one or more years. The liability of the Company for any Public Official or Employee occupying more than one position at one time, or at different times, shall **not** exceed the largest amount of coverage specified for any single position occupied by said Public Official or Employee. The liability of the Company shall **never exceed** the amount in effect for the position when the act

B. Cancellation. Cancellation hereunder is effective, and all liability under this bond shall cease as to future acts or omissions as to any Public Official or Employee on the date specified in written notice given by the Obligee to the Company as to any or all positions or Public Officials or Employees, or after thirty days' written notice given by the Company to the Obligee of its intent to cancel this bond in its entirety, or as to any Public Official

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of the Public Official or Employee causing the loss shall have occurred. In the event there are more Public Officials or Employees occupying the position covered in the schedule than are listed therein, the Company shall be liable for such proportion of the amount of coverage as the number of Public Officials or Employees listed bears to the number of Public Officials or Employees actually occupying the position when the loss occurred.

The Liability of the Company hereunder is subject to the terms and conditions of the following Riders, attached thereto:

None of the specifications of this Bond shall be altered or waived, except in writing by the Company executed by its President, Vice President, Secretary, Assistant Secretary or Treasurer.

Dated this <u>4th</u> day of <u>December</u>, <u>2017</u>.

RLI Insurance Company

By _____ Vice President

on w. Davis vice President



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SCHEDULE OF POSITIONS - EFFECTIVE THE <u>1st</u> DAY OF <u>December</u>, <u>2017</u>.

(If there is more than one position of like classification, list by number, thus: Cashier No. 1, Cashier No. 2)

Schedule Number	Position Name	No.	Position Location	Bond Amount
1	Treasurer	1		\$ 5,000.00
2	Board Member	1		\$ 1,000.00
3	Board Member	1		\$ 1,000.00
4	Board Member	1		\$ 1,000.00
5	Board Member	1		\$ 1,000.00
6	Board Member	1		\$ 1,000.00
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RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

POWER OF ATTORNEY

RLI Insurance Company

Bond No. <u>LSM1082356</u>

Know All Men by These Presents:

That the	RLI Insurance	e Company	, a corporation	n organized and o	existing under the	laws of the State of
	nois, and au					
constitute and a	appoint:	Barton W. Davis	in the Ci	ty of		
	<u>is</u> , as					
execute, acknow	wledge and deliver for a	nd on its behalf as S	urety, in general, any	and all bonds, u	undertakings, and	recognizances in an
amount not to	exceed Five	Hundred Thousand	and 00/100	Dollars (\$ 500,000.00) for any single
	specifically for the follo			·		, , ,
Principal:	_Hilltop Metropolita	n District				
Obligee:	Same as Principal					
Type Bond:	Public Official Posit	ion Schedule Bond				
Bond Amount	: _ \$ 10,000.00					
Effective Date	: <u>December 1, 2017</u>					
The	RLI Insurance Co	ompany	further certifies	that the follow	ving is a true an	d exact copy of a
	pted by the Board of Dir	= -				
corporate sea	y, Powers of Attorney all may be printed by factors. WHEREOF, the	esimile."			-	
	<u>ce President</u> wi					
ATTEST:	i L'Montgomery	Management of the Control of the Con	SEAL	Insurance Con B.H. W	npany	
Cherie L. Montgo	omery	ssistant Secretary	Barto	on W. Davis		Vice President
	RLI Insurance Comp	, who being by n	ne duly sworn, ackno Assist	wledged that the ant Secretary	y signed the above , respo	e Power of Attorney ectively, of the said
	chen L Gebruigh	Notary Public	GRETCHEN I PUBLIC STATE OF ILLINOIS May 26,	L JOHNIGK . SEAL" on Expires		