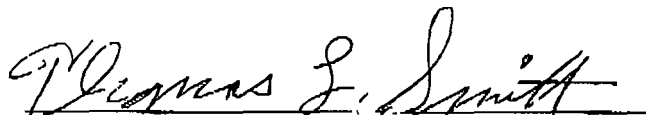


| | |
|---|---|
| DISTRICT COURT, DOUGLAS COUNTY, STATE OF COLORADO Court Address: Douglas County Justice Center 4000 Justice Way, Suite 2009 Castle Rock, CO 80109 Phone Number: 303-663-7200 | |
| IN RE THE MATTER OF JACKSON 105 FIRE PROTECTION DISTRICT | |
| Evan D. Ela Collins Cockrel & Cole 390 Union Blvd., Suite 400 Denver, Colorado 80228-1556 Telephone: (303) 986-1551 Facsimile: (303) 986-1755 E-Mail: ccla@cccfirm.com Atty. Reg#: 23965 | ▲ COURT USE ONLY ▲ Case No.: 80CV57 Div.: Ctrm.: |
| OATH OF OFFICE | |

I, Thomas L. Smith, 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 Jackson 105 Fire Protection District upon which I am about to enter.


 Thomas L. Smith

STATE OF COLORADO)
) ss.
 COUNTY OF DOUGLAS)

Subscribed and sworn to before me this 22nd day of May, 2018 by Thomas L. Smith.



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)

CHERYL A FOSDICK
 NOTARY PUBLIC
 STATE OF COLORADO
 NOTARY ID 19894011638
 MY COMMISSION EXPIRES OCTOBER 31, 2021

Title: Notary Public

My commission expires: 10-31-2021



JACK105-01

CHATTER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/16/2018

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)

| | | |
|--|---|-------------------------------------|
| PRODUCER T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112 | CONTACT NAME PHONE (A/C, No, Ext) (303) 368-5757 E-MAIL ADDRESS info@wilsonins.com | FAX (A/C, No) (303) 368-5863 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Jackson 105 Fire Protection District 435 N Perry Park Road Sedalia, CO 80135 | INSURER A RLI Insurance Company | |
| | INSURER B | |
| | INSURER C | |
| | INSURER D | |
| | 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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below. | | N/A | | | | PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$ |
| A | 3 Year Bond | | | LSM0644890 | 06/24/2017 | 06/24/2020 | 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 Board Members @ \$1,000 each

| | |
|--|---|
| CERTIFICATE HOLDER Colorado Department of Local Affairs Division of Local Government-Special Districts 1313 Sherman St, Rm 521 Denver, CO 80203 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS AUTHORIZED REPRESENTATIVE |
|--|---|