

**DISTRICT COURT, COUNTY OF DOUGLAS, STATE  
OF COLORADO**

4000 Justice Way  
Castle Rock, Colorado 80109  
303-663-7200

**IN RE RAMPART RANGE METROPOLITAN  
DISTRICT NO. 8**

Megan M. Becher  
McGEADY BECHER P.C.  
450 E. 17<sup>th</sup> Ave., Suite 400  
Denver, Colorado 80203-1254  
Phone: (303) 592-4380  
Fax: (303) 592-4385  
E-mail: mbecher@specialdistrictlaw.com  
Atty. Reg. #: 33108

**▲ COURT USE ONLY ▲**

Case Number: 2005CV1486

Div.: 1 Ctrm.: \_\_\_\_\_

**OATH OF DIRECTOR**

I Steven C. Mulhern, do ☒ **SWEAR** ☐ **AFFIRM** that I will support the Constitution of the United States, the Constitution of the State of Colorado, and the laws of the State of Colorado, and will faithfully perform the duties of the office of director of the Rampart Range Metropolitan District No. 8 upon which I am about to enter to the best of my ability.



Name: Steven C. Mulhern

Address: 2750 Emerson Street  
Englewood, CO 80113

Subscribed and ☒ sworn ☐ affirmed to before me this 14<sup>th</sup> day of May, 2018.

By: 

Keith D. Simon, President

(Person authorized to administer oaths, i.e.  
County Clerk and Recorder, **Chairman of the  
Board of Directors**, or any other person authorized  
to administer oaths)

STATE OF COLORADO )  
 ) ss.  
COUNTY OF Douglas )

Subscribed and ☒ sworn ☐ affirmed to before me this 14<sup>th</sup> day of May, 2018.

Tamra M. Hirschman  
(Notary's official signature)

10/03/2021  
(Commission Expiration)





RAMPRAN-08

PSHAW

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2018

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<br>T. Charles Wilson Insurance Service<br>384 Inverness Parkway Suite 170<br>Englewood, CO 80112                                             | CONTACT NAME:                        |                               |        |
|                                                                                                                                                       | PHONE (A/C, No, Ext): (303) 368-5757 | FAX (A/C, No): (303) 368-5863 |        |
|                                                                                                                                                       | E-MAIL ADDRESS: info@wilsonins.com   |                               |        |
|                                                                                                                                                       | INSURER(S) AFFORDING COVERAGE        |                               | NAIC # |
|                                                                                                                                                       | INSURER A : CNA Surety               |                               | 0022   |
| INSURED<br>Rampart Range Metropolitan District #8<br>c/o CliftonLarsonAllen, LLP<br>8390 E. Crescent Pkwy<br>Suite 500<br>Greenwood Village, CO 80111 | 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                                                                               |           |          |               |                         |                         | EACH OCCURRENCE                                                      | \$     |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                                        |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                            | \$     |
|          |                                                                                                            |           |          |               |                         |                         | MED EXP (Any one person)                                             | \$     |
|          |                                                                                                            |           |          |               |                         |                         | PERSONAL & ADV INJURY                                                | \$     |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                         |           |          |               |                         |                         | GENERAL AGGREGATE                                                    | \$     |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC              |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                                               | \$     |
|          | OTHER:                                                                                                     |           |          |               |                         |                         |                                                                      | \$     |
|          | AUTOMOBILE LIABILITY                                                                                       |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)                                  | \$     |
|          | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                |           |          |               |                         |                         | BODILY INJURY (Per person)                                           | \$     |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                    |           |          |               |                         |                         | BODILY INJURY (Per accident)                                         | \$     |
|          |                                                                                                            |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)                                       | \$     |
|          |                                                                                                            |           |          |               |                         |                         |                                                                      | \$     |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR                                                               |           |          |               |                         |                         | EACH OCCURRENCE                                                      | \$     |
|          | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                                           |           |          |               |                         |                         | AGGREGATE                                                            | \$     |
|          | DED <input type="checkbox"/> RETENTION \$                                                                  |           |          |               |                         |                         |                                                                      | \$     |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                              |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |        |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N |           |          |               |                         |                         | E.L. EACH ACCIDENT                                                   | \$     |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                     |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                                           | \$     |
|          |                                                                                                            |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT                                          | \$     |
| A        | 3 Year Bond                                                                                                |           |          | 14769814      | 11/08/2017              | 11/08/2020              | Bond Limit                                                           | 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

## CANCELLATION

Colorado Department of Local Affairs  
Division of Local Government-Special Districts  
1313 Sherman Street, Room 521  
Denver, CO 80203

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

*[Signature]*

# **CERTIFICATE OF ELECTION**

**IT IS HEREBY CERTIFIED THAT**

**STEVEN C. MULHERN**

**WAS ELECTED TO SERVE UNTIL THE SECOND REGULAR ELECTION**

**AS A MEMBER OF THE BOARD OF DIRECTORS OF THE**

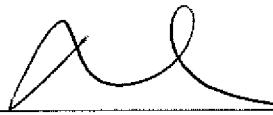
**RAMPART RANGE METROPOLITAN DISTRICT  
NO. 8**

**AT THE ELECTION HELD TUESDAY, MAY 8, 2018.**

**Dated:**

5-14-18

**Signed:**

  
**Designated Election Official**

**THIS CERTIFICATE OF ELECTION IS MADE PURSUANT TO §§1-11-103(1), 1-13.5-1306 AND 32-1-305(5), C.R.S.**